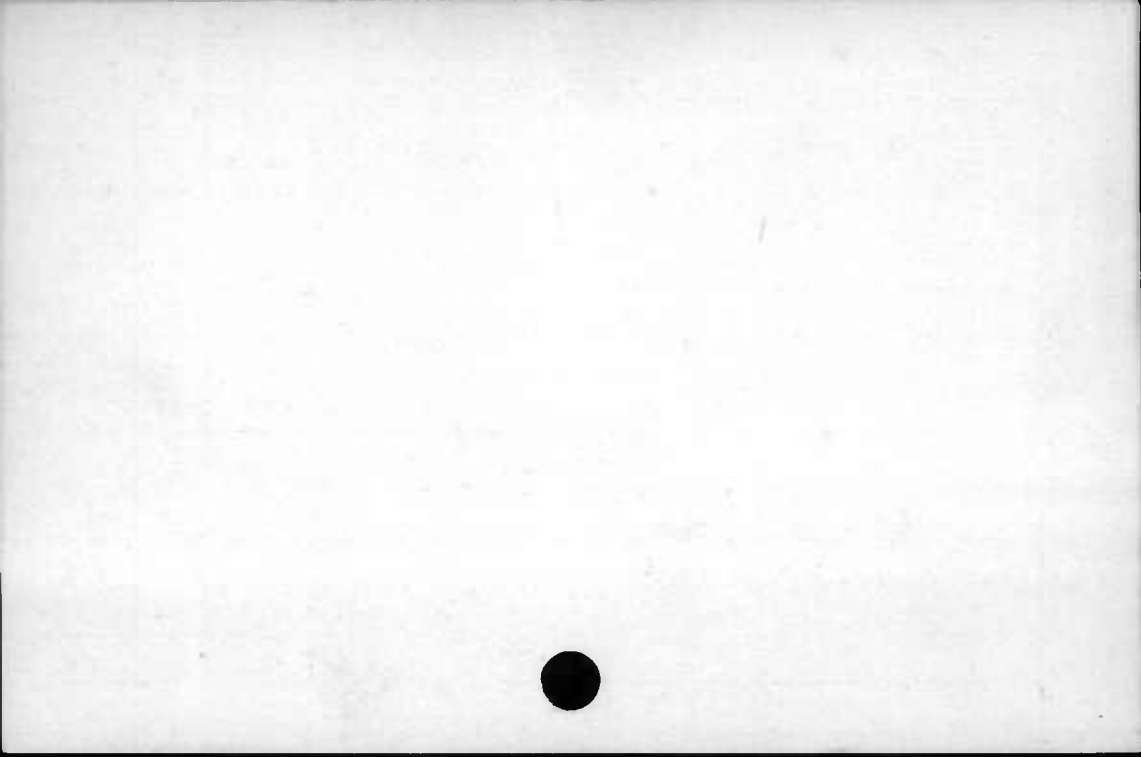


Name in Full	Maria Addison				CERTIFICATE OF DEATH	
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TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> <i>Sykesville</i>		<sup>County</sup> <i>Carroll Co.</i>		MARYLAND	
	Date of death	<i>1906</i>	Month <i>Feb.</i>	Day <i>18th</i>	Age <i>82</i>	Months <i></i> Days <i></i>
	Sex <i>Female</i>	Color or Race <i>White</i>			Birth-place <i>Md</i>	
	Occupation <i>None</i>			Where Residing if not at place of death <i>-</i>		
	Married, Single or Widowed <i>Widow</i>	Name of Husband <i>Addison</i>				
	Father's Name <i>Henry Augustus Hall</i>			Father's Birthplace <i>Md</i>		
	Mother's Maiden Name <i>Ann Estep</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Edward Hall Jr.</i>				How related to deceased <i>Nephew</i>		

CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Senile Dementia</i>		How long	<i>about 2 yrs</i>
	Immediate	<i>Exhaustion</i>		How long	<i>-</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>John Norfolk Morris, M.D.</i>	
	<i>Owensville</i>		<i>Address</i>	<i>Springfield State Hospital</i>	
<i>Accident or Suicide?</i>		<i>Acc Co</i>	<i>Sykesville, Carroll Co Md</i>		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Bentha Irene Arings*

Town *Bruceville* County *Carroll* MARYLAND

Died at *Bruceville*

Date of death *1906 Feb - 4* Age *5* Months *13* Days *0*

Sex *Female* Color or Race *White* Birth-place *Bruceville Md*

Occupation *—* Where Residing If not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John Aring* Father's Birthplace *Carroll Co Md*

Mother's Maiden Name *Mary Jane Eiler* Mother's Birthplace *" " "*

Name of person giving information *Mary J Eiler* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Scarlet fever* (7) How long *3 days & -*

Immediate *Convulsions - Heart failure* How long *12 hrs*

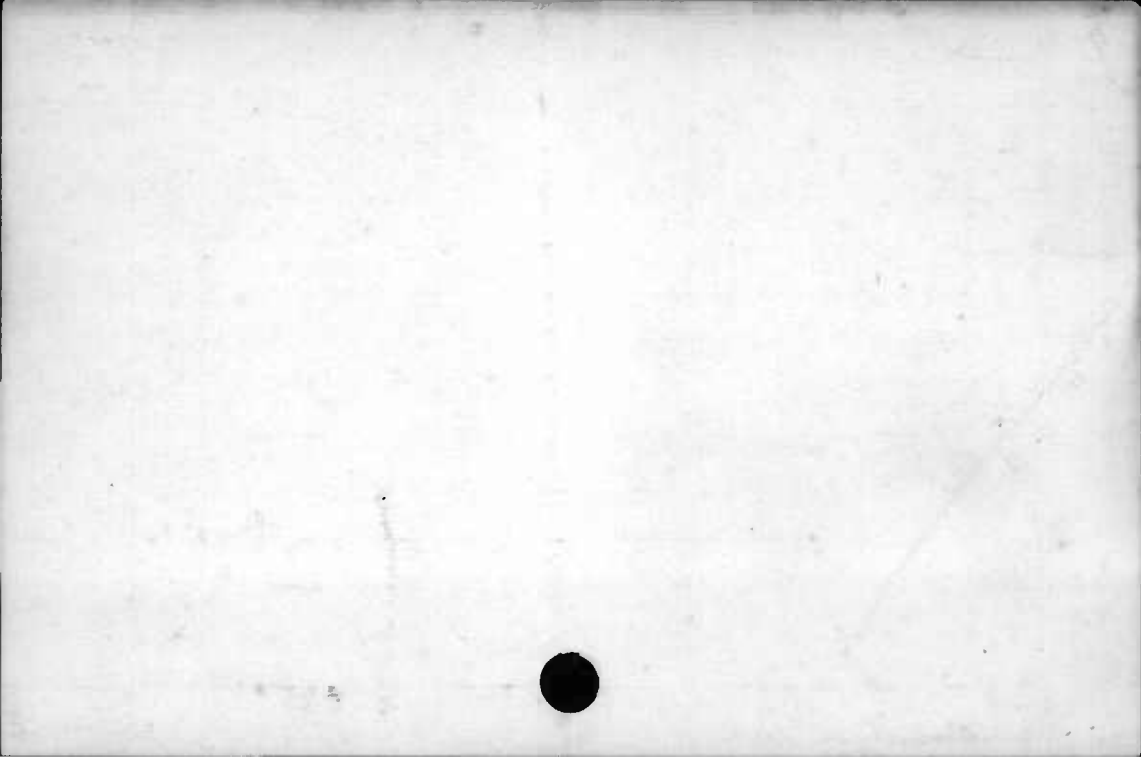
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. H. Miller*

Address *Detour, Md - Carroll Co*

Accident or Suicide? *—*



Name in Full		General Grant Arvin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> <i>Mariottsville</i>		<sup>County</sup> <i>Carmel</i>		MARYLAND		
	Date of death <i>1906</i>	<sup>Month</sup> <i>Feb.</i>	<sup>Day</sup> <i>17</i>	<sup>Years</sup> <i>1</i>	<sup>Months</sup> <i>7</i>	<sup>Days</sup> <i>3</i>	
	Sex <i>male</i>	Color or Race <i>Coloured</i>		Birth-place <i>Ind.</i>			
	Occupation <i>none</i>		Where Residing if not at place of death <i>same</i>				
	<del>Married</del> Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Richard Arvin</i>			Father's Birthplace <i>Va.</i>			
	Mother's Maiden Name <i>Carrie Matthews</i>			Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Father</i>			How related to deceased <i>—</i>				
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>Bronchitis</i>			How long <i>2 or 3 weeks</i>			
	Immediate <i>Pneumonia</i>			How long <i>3 days</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>M. D. Morris</i>			
				Address <i>Eldersburg Ind.</i>			
	Accident or Suicide?						



Name in Full

Certificate of Death

No. 129

Madge Boston  
 Town County  
 Died at Union Bridge Carroll MARYLAND

1906 Month Day Y. M. D. Native of Occupation  
 Date 1902 2. 19 Age 0. 9 - Mad  
~~Male~~ White ~~Married~~ Widowed ~~Divorced~~  
 Female ~~Colored~~ Single Widower ~~Number of children living~~

Husband  
 of  
 Wife

Father's Name Horace Boston Mother's Name Grace Birckel

Cause of Death { Primary Meningitis (61) 2 weeks  
 Immediate  
 -Accident, Suicide, Homicide

Reported by W. Hubert Brown M. H.

Address Union Bridge Carroll Co.

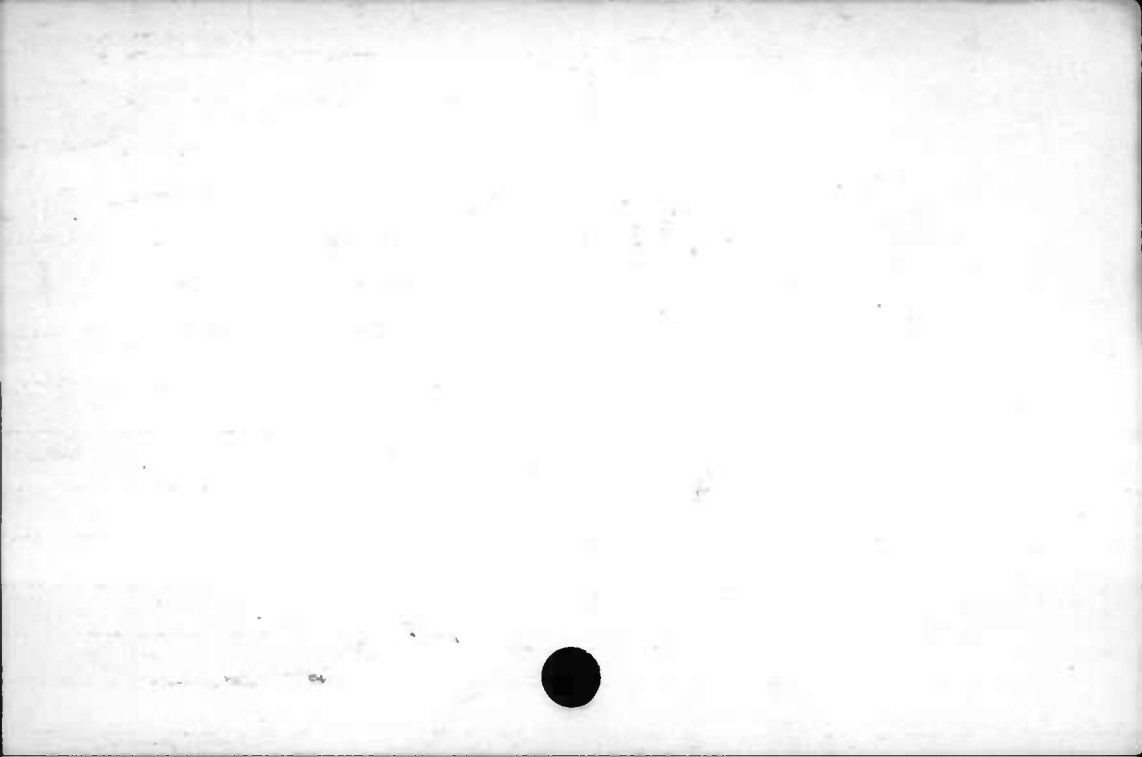
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Haugh C.



Name in Full		Larina Bittle				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1906		Feb	8	76		6
	Sex	Female		Color or Race	White		Birth-place
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information					How related to deceased	
	Edward F. Graft					No relation	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	
	Address					Address	
Accident or Suicide?					LIBRARY BUREAU A88516		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Westminster</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>17</i>	Age <i>61</i>	Years <i>61</i>	Months <i>11</i>	Days <i>14</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md</i>				
Occupation <i>Housekeeper</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Leiad</i>						
Father's Name <i>David Leister</i>	Father's Birthplace <i>Carroll Co. Md</i>						
Mother's Maiden Name <i>Hannah Shaeffer</i>	Mother's Birthplace <i>" " "</i>						
Name of person giving information <i>Howard Bixler</i>	How related to deceased <i>Son</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cold</i>	How long <i>One week</i>
Immediate <i>Pneumonia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. McHenry</i>
<i>No</i>	Address <i>Westminster Md</i>
Accident or Suicide? <i>No</i>	

St. Benjamins coveley -

Stoner

let your boy

Sisters I mean

little from the house

and keep him at

at home

which is best

let him be

and let him be

and let him be

and let him be

and let him be

and let him be

and let him be

and let him be

### Certificate of Death

Died at Miss Huntstead Town Carroll County MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1906	2	3	75				
Male	White	Married	Widow				
Female	Colored	Single	Widow			Number of children living	

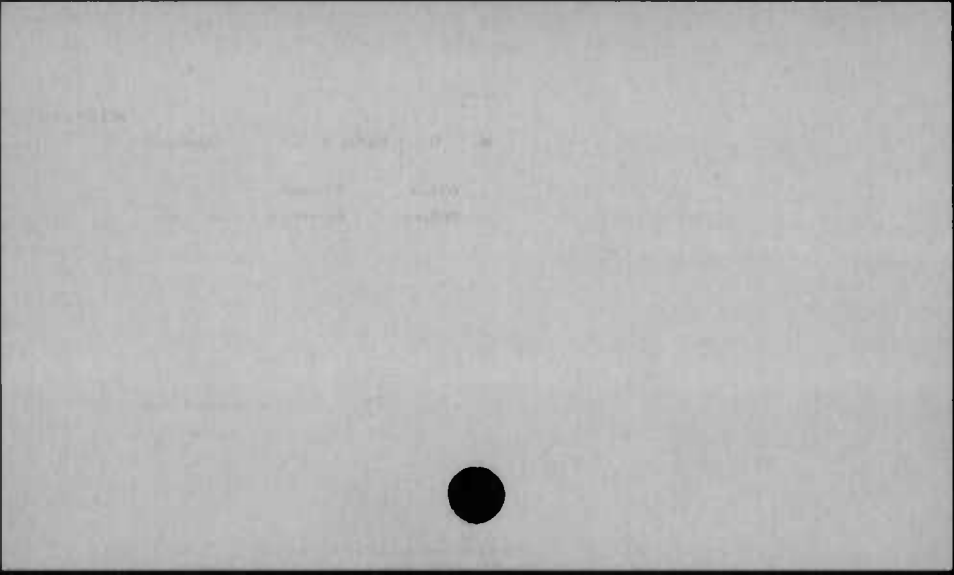
Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name \_\_\_\_\_  
 Mother's Name \_\_\_\_\_

Cause of	Primary	Old age	How long sick	one or two years
Death	Immediate	General prostration	Accident, Suicide, Homicide	

Reported by R. L. Welles

Address Hamptstead Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
In  
Full

Budd,

## CERTIFICATE OF DEATH

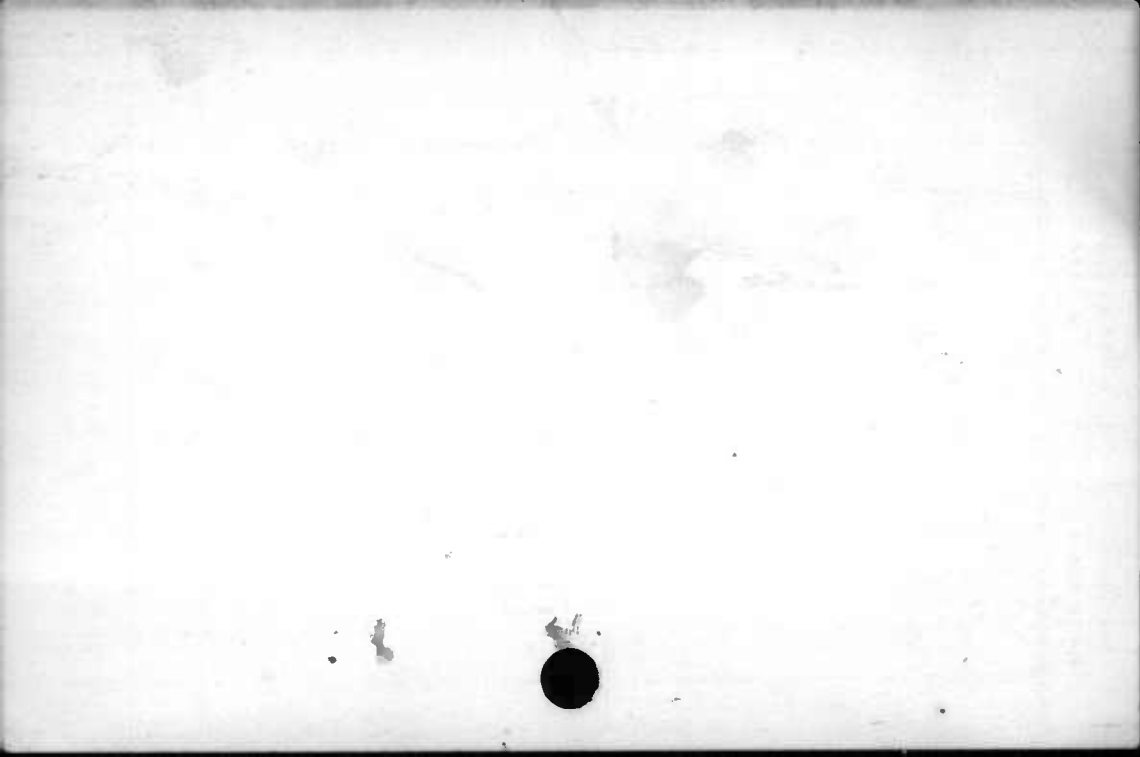
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Windsor</i> <sup>Town</sup>			<i>Carroll Co</i> <sup>County</sup>			MARYLAND	
Date of death <i>1906</i>	Month <i>2</i>	Day <i>3</i>	Age	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>Black</i>			Birth-place <i>- md,</i>		
Occupation <i>-</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>				
Father's Name <i>Charles Budd</i>			<i>S.</i>		Father's Birthplace <i>Carroll Co</i>		
Mother's Maiden Name <i>Maulda Key</i>					Mother's Birthplace <i>Carroll Co</i>		
Name of person giving information <i>Father</i>					How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	<i>S.</i>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>G. E. Wilkins</i>	
		Address <i>New Windsor</i>	
Accident or Suicide?		<i>md.</i>	





Name  
in  
Full

CERTIFICATE OF DEATH

Arthur M. Campbell

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Windsor</i> <small>Town</small> <i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1906 Feb.</i> <small>Month</small> <i>27</i> <small>Day</small> <i>About 45</i> <small>Years</small>	<i>Months</i>	<i>Days</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Massachusetts</i>	
Occupation <i>Retired</i>	Where Residing if not at place of death <i>Wheaton, Md.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Minnie R. Maddell</i>		
Father's Name <i>Don't know</i>	Father's Birthplace		
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace		
Name of person giving information <i>Walter H. Maddell</i>	How related to deceased <i>Brother in Law</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Rheumatism and Mitral Regurgitation</i>	How long
Immediate <i>Apoplexy</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. B. Winteron</i>
	Address <i>New Windsor</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Name in Full *Mary L. Davidson*  
 Died at *Hampstead* *Carroll County* *MARYLAND*

Date *1906* *Feb* *16* Age *69* Y. M. D. *Mar 1* Native of *Frederick* Occupation *Housewife*  
 Male *White* Married *Widow* Divorced *Female* *Colored* Single *Widower* Number of children living *11*

Husband *John W. Davidson*  
 Wife *Miller* *Alma* Mother's *Lula* *Alma*  
 Name *Miller* *Alma* Name *Lula* *Alma*

Cause of *Primary* *Chronic* *104* *How long sick* *6 years*  
 Death *Immediate* *Chronic* *104* *Accident, Suicide, Homicide*

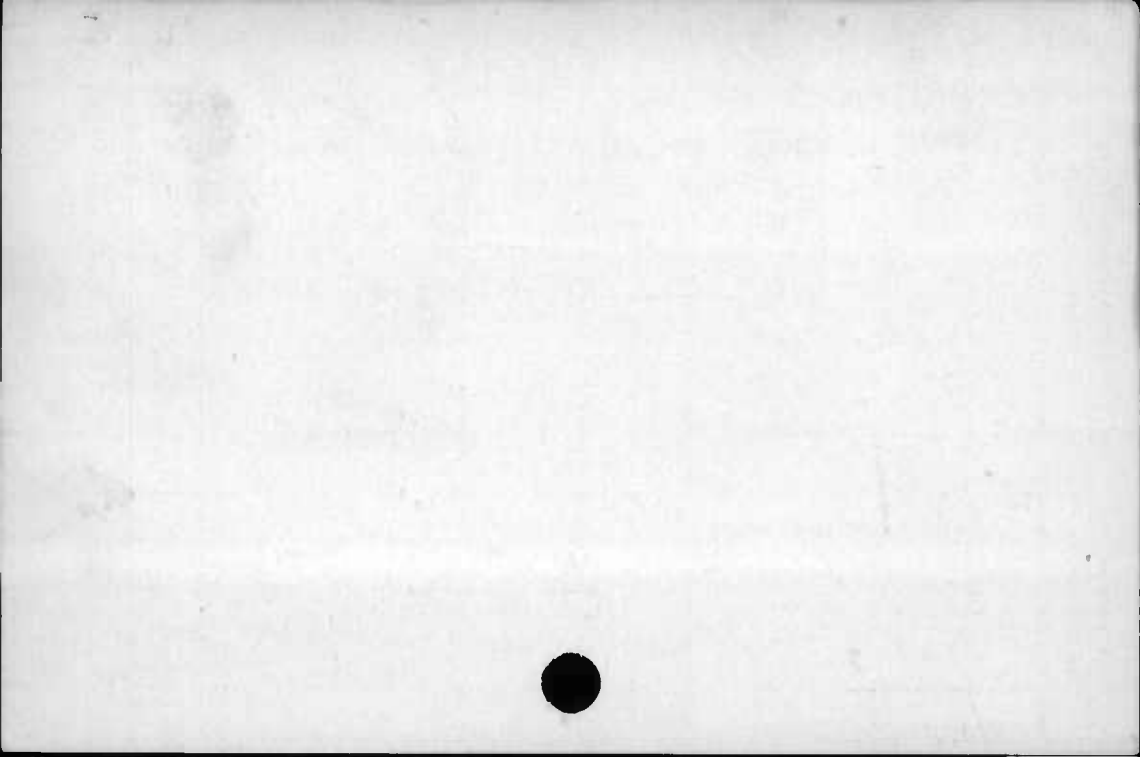
Reported by *R. G. Wells Jr. L.*  
 Address *Hampstead Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

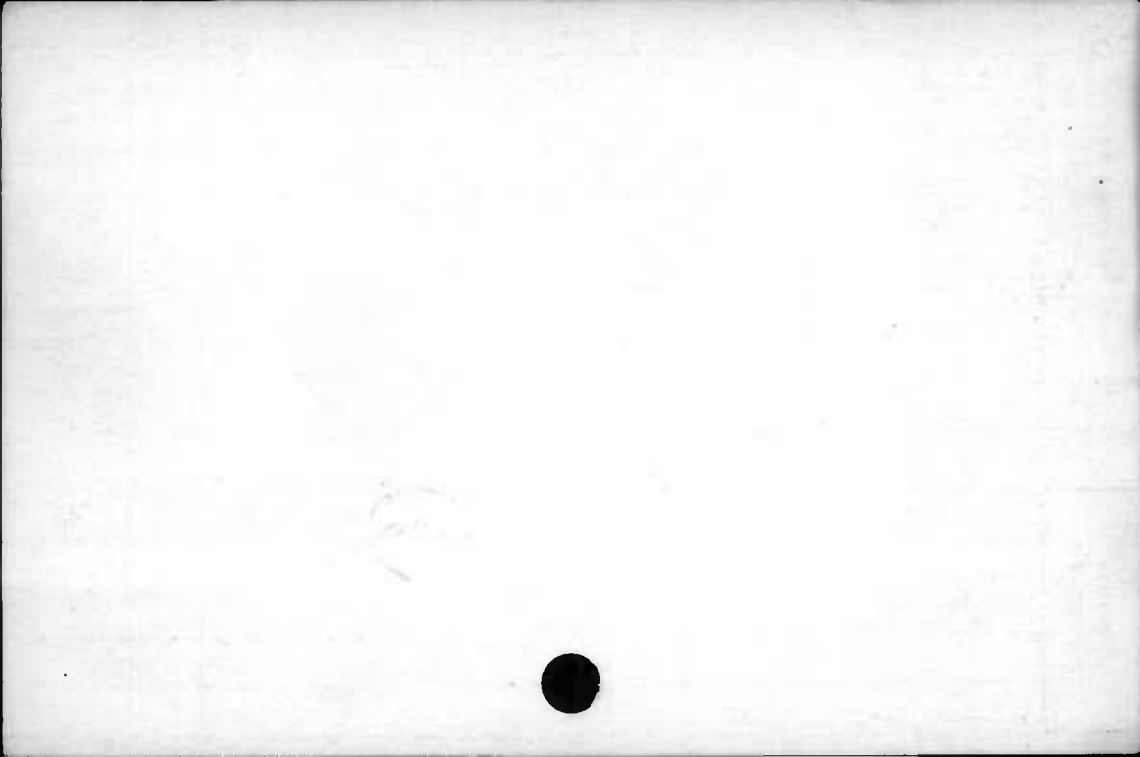
LIBRARY BUREAU, 1907



Name in Full		Marian A. Sieffersbach				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Westminster	County Carroll	MARYLAND		
		Date of death		1906	Month Feb	Day 2	Age 81	Years —
		Sex		Female		Color or Race	White	Birthplace
		Occupation				Where Residing if not at place of death		Germany
		Married, Single or Widowed		Widow		Name of Wife or Husband		Fernand. Sieffersbach
Father's Name		Don't Know				Father's Birthplace		
Mother's Maiden Name		"				Mother's Birthplace		
Name of person giving information		J. H. Sieffersbach				How related to deceased		
		Son						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Old age.		How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		
		Address		J. J. Hering M.D.		Westminster, Md.		
Accident or Suicide?								



Name in Full		Eugene Wesley Doney				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Dorsey Hills		County		Carroll
	Date of death		1906	Month	Feb	Day	16
	Age		51	Years	5	Months	6
	Sex		Male	Color or Race	Black	Birth-place	Ind
	Occupation		Maam		Where Residing if not at place of death		
	Married, Single or Widowed		Single				
	Name of Wife or Husband		Bettie Doney				
PHYSICIAN OR CORONER	Father's Name		Eugene Doney		Father's Birthplace		Ind
	Mother's Maiden Name		Rachel Rister		Mother's Birthplace		Ind
	Name of person giving information		Theodore Doney		How related to deceased		Brother
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis		How long		12 months
	Immediate		Heart		How long		few hours
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		D. P. C. S. Goff		
	Address		Union Bridge, Md.				
Accident or Suicide?							





## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

John Wesley Horney  
 Died at Honey Hill Barroll County  
 Date of death 1906 Oct Month 11 Day 18 Years 1 Months 5 Days  
 Sex Male Color or Race Black Birth-place Ind  
 Occupation Day Labor Where Residing if not at place of death Honey Hills  
 Married Single Name of Wife or Husband \_\_\_\_\_

Father's Name Theodore Horney Father's Birthplace Ind  
 Mother's Maiden Name Maggie Jones Mother's Birthplace Ind  
 Name of person giving Information Theodore Horney How related to deceased Father

## CAUSES OF DEATH

Primary Pneumonia & Embolism 118 How long 3 weeks  
 Immediate Heart disease How long 36 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

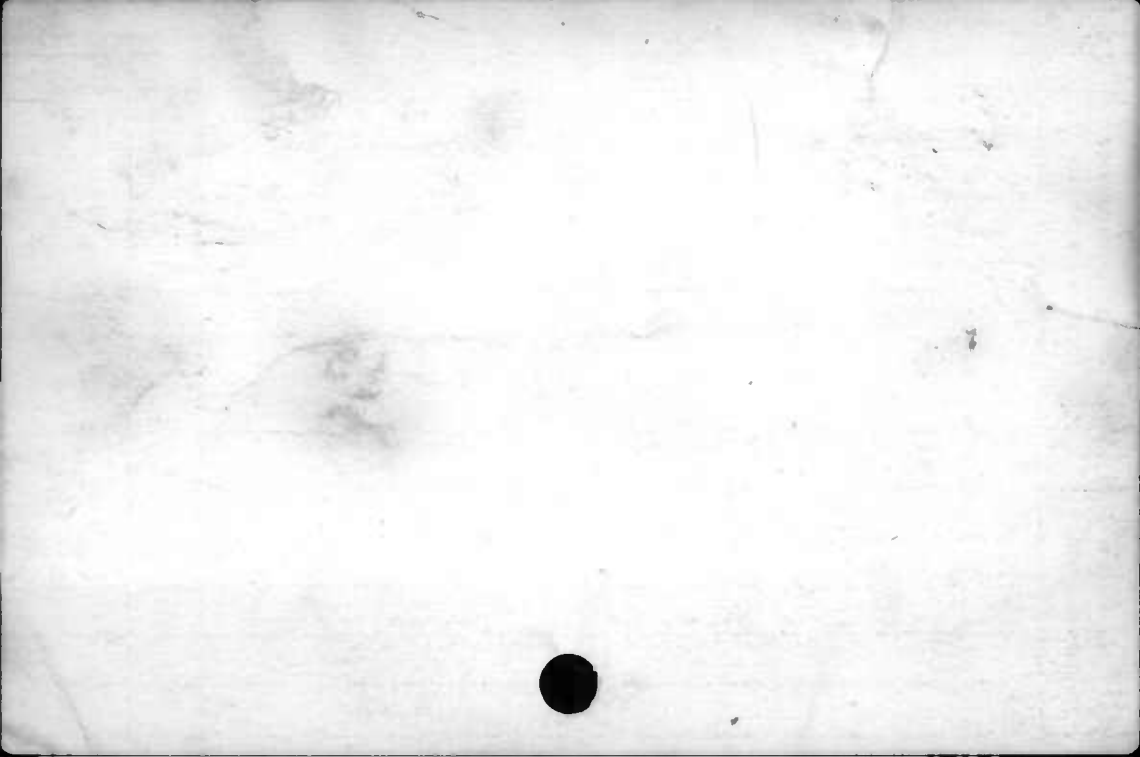
D. D. C. [Signature]

Address

Union Bridge Ind.

Accident or Suicide?

From thromPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> <sup>Town</sup>		<i>Essex</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906 Feb 1</i>		Age <i>1</i>		Months <i>1</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Ind</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Herbert Essich</i>		Father's Birthplace <i>Camell Co. Ind</i>			
Mother's Maiden Name <i>Edua Frock</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Herbert Essich</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

(S)

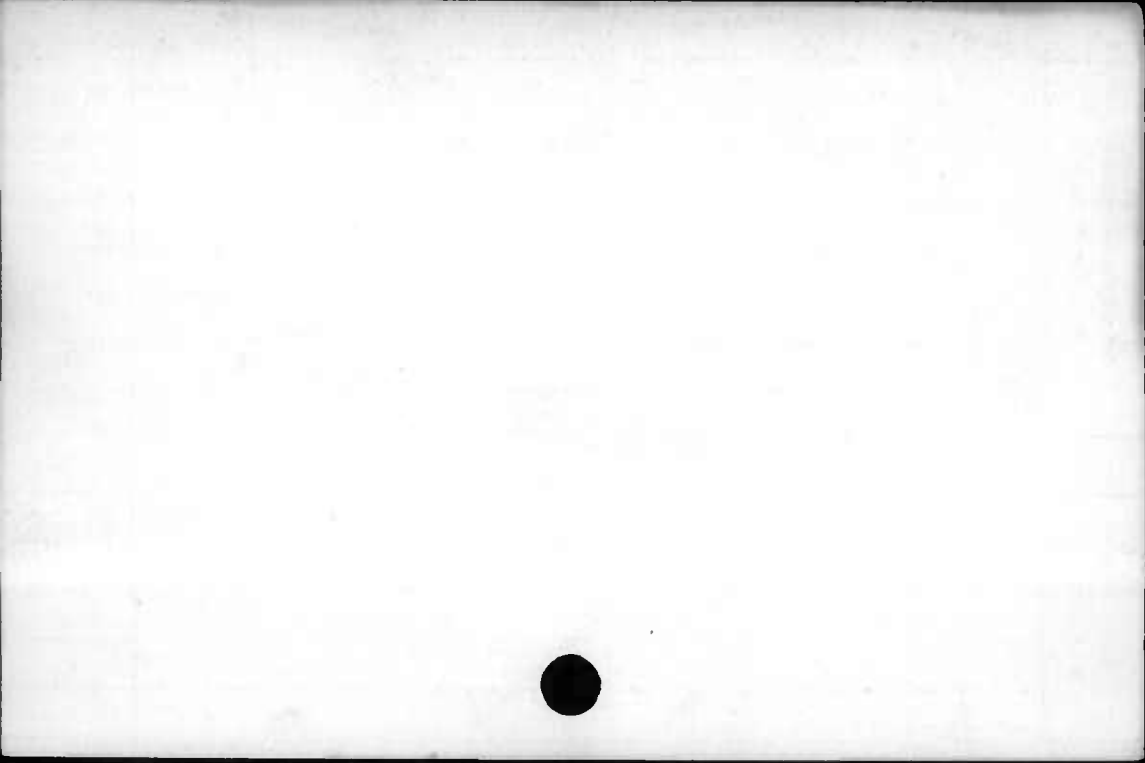
PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. J. Stewart</i>	Address <i>Union Mills Ind</i>
Accident or Suicide?			

Stones.

St Benignus Cemetery.

Name in Full		Lewis Fernald				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Uniontown		County		Barroll	
							MARYLAND	
	Date of death	1906	Month	February	Day	20	Age	
							Years	
							Months	
							Days	
Sex	Male		Color or Race	White		Birth-place	Barroll br	
Occupation	Retired Farmer		Where Residing if not at place of death					
Married, Single or Widowed	Widowed		Name of Wife or Husband					
				Lizzie Fernald nee (Myers)				
Father's Name	Solomon Fernald					Father's Birthplace	Barroll Family	
Mother's Maiden Name	Elizabeth Eckard					Mother's Birthplace	Barroll Family	
Name of person giving Information	John B. Fernald					How related to deceased	Nephew	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">93</div>								
PHYSICIAN OR CORONER	Primary	Croupous Pneumonia					How long	One week
	Immediate	"					How long	"
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
				Luther Kemp				
				Uniontown Md,				
				Accident or Suicide?				



Name  
in  
Full

William H. Flanagan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at			Town Crown		County Carroll			
Date of death 190		Month 6	Day 2	Age 14	Years 62	Months -	Days 7	
Sex Male		Color or Race Colored		Birth- place Maryland				
Married, Single or Widowed Married				Occupation Laborer				
Name of Wife or Husband Harriet Ann Johnson								
Father's Name William Flanagan				Father's Birthplace Maryland				
Mother's Maiden Name Lila Forzier				Mother's Birthplace Maryland				
Name of person giving In formation Jachariah Flanagan				How related to deceased Brother				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Largiphe	How long	(10)
	Immediate	Congestion of lungs	How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	g 20		Address L. H. P. Sappington Unionville Maryland	
	Accident or Suicide?			

Fairview,



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *David Filichinger* Town *Silver Run* County *Carmel*Date of death *1904* Month *Feb* Day *28* Age *68* Years Months DaysSex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Laborer* Where Residing if not at place of deathMarried, Single or Widowed Name of Wife or Husband *Savanna Mathis*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

## CAUSES OF DEATH

Primary *Leptosptitis* How long *Six months*

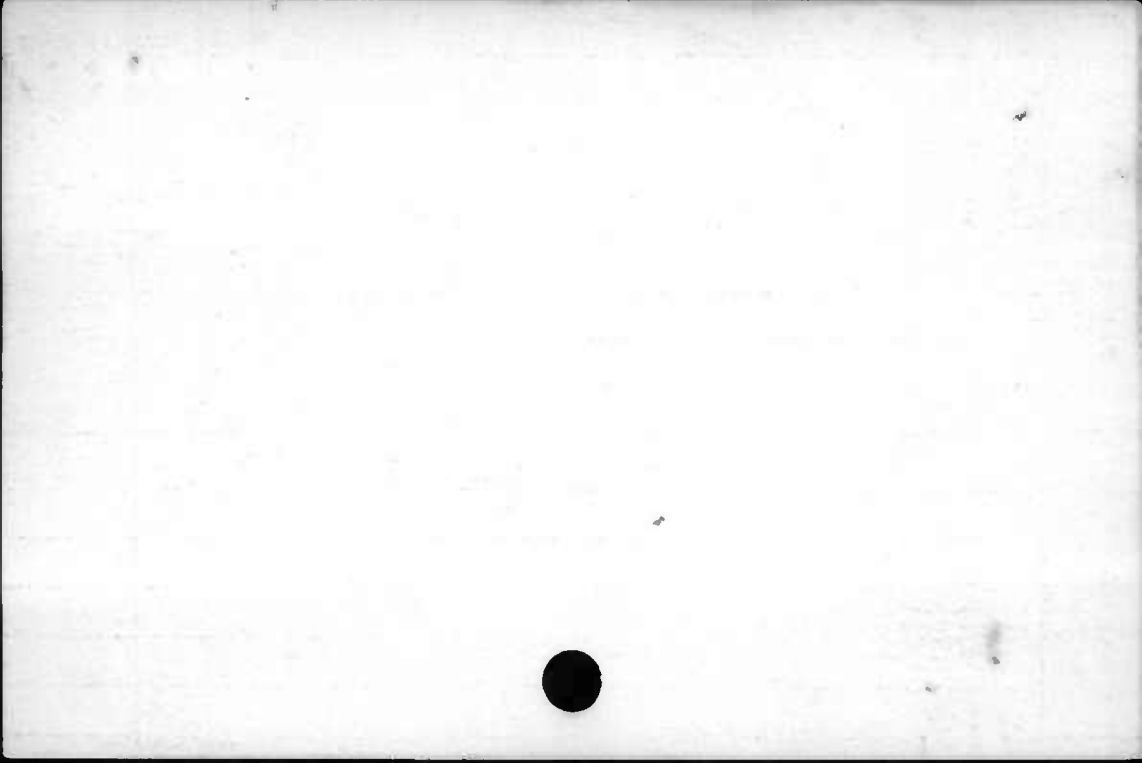
Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide?



Name in Full		Edgar Frost				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town List		County Carroll		MARYLAND	
	Date of death 1906		Month Feb		Day 7		Age Years 1	
	Sex Male		Color or Race White		Birth- place Md		Months 5 Days 14	
	Married, Single or Widowed				Occupation			
	Name of Wife or Husband							
	Father's Name				Father's Birthplace			
	Mother's Maiden Name Gertrude R Kraft				Mother's Birthplace Md			
	Name of person giving Information				How related to deceased			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CAUSES OF DEATH </div>								
PHYSICIAN OR CORONER	Primary Catarrhal Pneumonia				How long 2 weeks			
	Immediate Heart failure				How long 12 hours			
	Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician Dr. S. N. Gorsuch			
					Address Hamber Md			
	Accident or Suicide?							



Name  
in  
Full

Ezra Gallaut

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>10</i>	Age <i>72</i>	Months <i>10</i>	Days <i>4</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Russia</i>	
Occupation <i>School Teacher</i>			Where Residing if not at place of death <i>Son in Law</i>		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Ezra Gallaut</i>			Father's Birthplace <i>Russia</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Harry Rosestock</i>			How related to deceased <i>Son in Law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Heart Failure</i>	How long <i>1 hr.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. P. H. [Signature]</i>
	Address <i>Westminster Md</i>
★ Accident or Suicide? <i>—</i>	

Stoner  
Baker

128

MARYLAND

Name in Full

Mary Garber

Town

County

Died at Union Bridge

Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1896 Feb 2 17

Age 25-6-5

M.D.

~~Main~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

One

~~Husband~~

of

Wife

Father's

Name

John Garber

Mother's

Name

Eliza Myers

Cause of

Primary

Mitral Regurgitation 3 or 4 yrs

How long sick

Death

Immediate

Pericardial Effusion

~~Accident, Suicide, Homicide~~

Reported by

W. Hubert Brown M.D.

Address

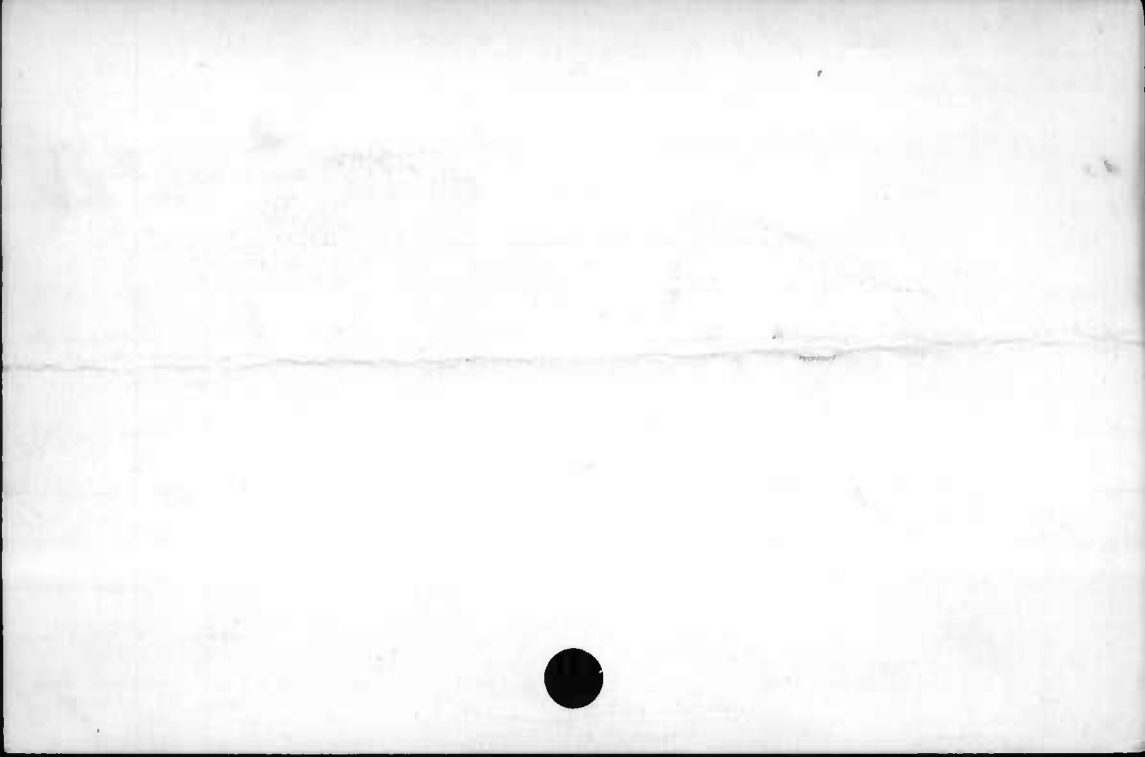
Union Bridge  
Carroll Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

17  
Pipe Creek



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Unmired</u> <small>Town</small>		<u>Canroll</u> <small>County</small>		MARYLAND
	Date of death <u>1906</u>	<u>Feb.</u> <small>Month</small>	<u>19</u> <small>Day</small>	<u>53</u> <small>Years</small>	<u>10</u> <small>Months</small>
	<u>Female</u> <small>Sex</small>	<u>White</u> <small>Color or Race</small>	<u>Canroll Co.</u> <small>Birth-place</small>		
	<u>Housewife</u> <small>Occupation</small>		<u>Where Residing if not at place of death</u>		
	<u>Married</u> <small>Married, Single or Widowed</small>		<u>Ezra B. Garner</u> <small>Name of Wife or Husband</small>		
	<u>Albion Pooler</u> <small>Father's Name</small>		<u>Madison</u> <small>Father's Birthplace</small>		
	<u>Sarah Smith</u> <small>Mother's Maiden Name</small>		<u>Canroll Co</u> <small>Mother's Birthplace</small>		
<u>Ezra B. Garner</u> <small>Name of person giving information</small>		<u>Husband</u> <small>How related to deceased</small>			
CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">64</span>					
PHYSICIAN OR CORONER	<u>Acute Sclerosis</u> <small>Primary</small>		<u>6 years</u> <small>How long</small>		
	<u>Cholera</u> <small>Immediate</small>		<u>2 hours</u> <small>How long</small>		
	<u>yes</u> <small>Are the name, age, sex, color, date and place correctly given above?</small>		<u>Glenn H. Tison</u> <small>Signature of Physician</small>		
			<u>New Windsor</u> <small>Address</small>		
<u>Accident or Suicide?</u>					



Name  
in  
Full

David W. Gemmill

## CERTIFICATE OF DEATH

Died at <i>Westminster</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	Feb.	Day	1st
		Years	Age	70	
Sex	male	Color or Race	white	Months	2
Occupation	Supt.	Where Residing if not at place of death	Westminster	Days	16
Married, Single or Widowed	married	Name of Wife or Husband	Ruth Ann (Curry)	Birthplace	Hopewell Twp. York Co., Pa.
Father's Name	<del>D</del> John Gemmill	Father's Birthplace	York Co., Pa.		
Mother's Maiden Name	Elizabeth Booley	Mother's Birthplace	Pa.		
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

Primary

Pneumonia

How long

18 days

Immediate

Heart Failure

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

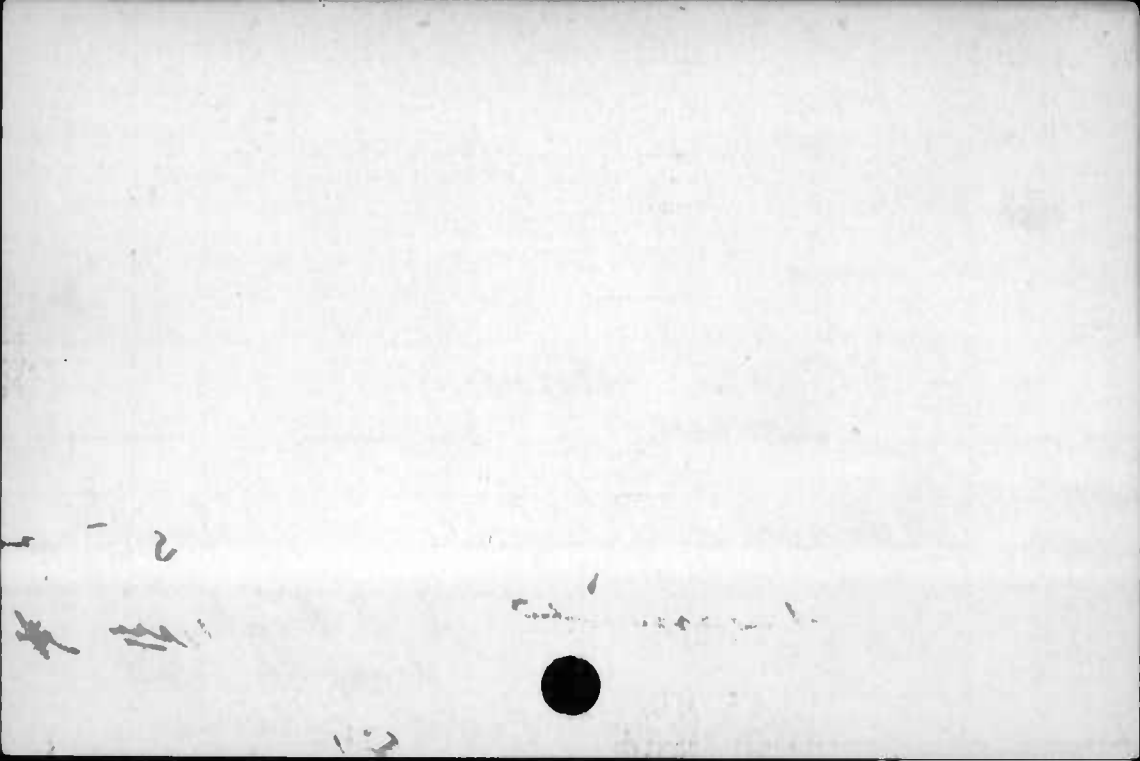
Signature of Physician

Address

Wm D Welger

Westminster Md

Accident or Suicide?



Name  
in  
Full

Margaret E Gosnell

## CERTIFICATE OF DEATH

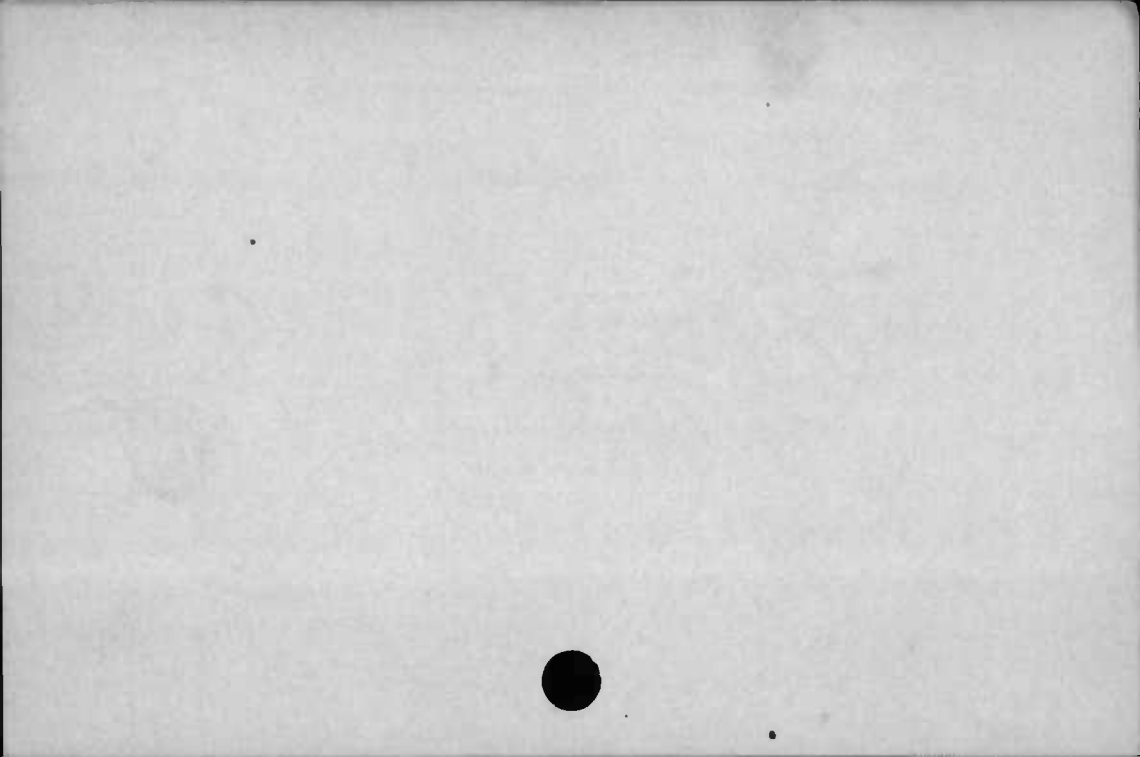
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Feb	6	32			
Sex	Female		Color or Race	white		Birth-place	md,
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband				
Father's Name	Simon Keefe					Father's Birthplace	
Mother's Maiden Name	Elisabeth Wagner					Mother's Birthplace	
Name of person giving information	Thorban					How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Apoplexy		How long	Sudden
Immediate			How long	..
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Dr. E. J. Cronk	
			Address	
			Windfield md	
Accident or Suicide?		James M. Pickett undertaker		

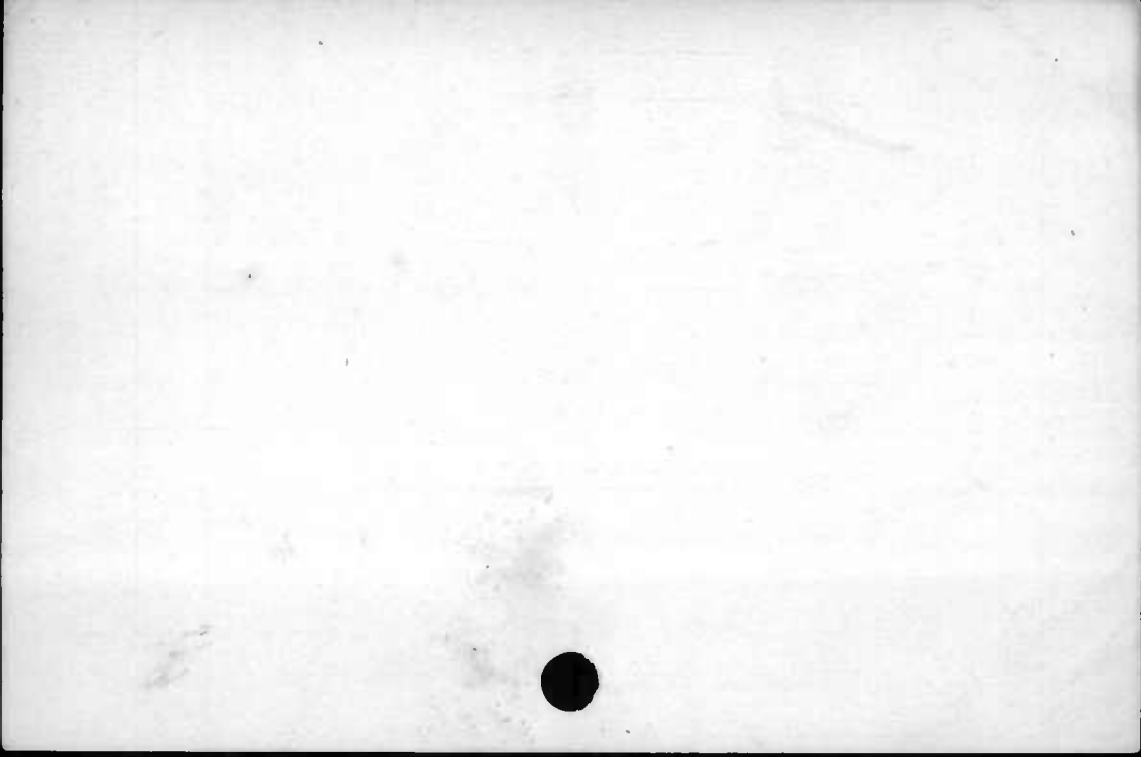


### CERTIFICATE OF DEATH

Died at <i>Subsary</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906 Feb 28</i>	Month <i>Feb</i>	Day <i>28</i>	Age <i>67</i>	Years <i>3</i>	Months <i>18</i>
Sex <i>Female</i>	Color or Race <i>White American</i>	Birthplace <i>Fredk Co. Md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>near Mt. Airy</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wesley C. Tarrissow</i>				
Father's Name <i>Saml. Baker</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Elizabeth Justice</i>	Mother's Birthplace <i>Fredk Co. Md</i>				
Name of person giving information <i>Albert C. Tarrissow</i>	How related to deceased <i>Son</i>				

### CAUSES OF DEATH

Primary	<i>Parisis</i>	(67)	How long <i>4 years</i>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>L. E. Bromwell</i>
		Address	<i>Sub. Airy. Mel.</i>
Accident or Suicide?			





Name  
in  
Full

*L. Jesse F. Harver*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Priggeburg</i> <sup>Town</sup>		<i>Canroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>23</i>	Age	Years	Months <i>7</i> Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Canroll Co Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Ercy Harver</i>			Father's Birthplace <i>Canroll Co Md</i>		
Mother's Maiden Name <i>Annie Fleagle</i>			Mother's Birthplace " " "		
Name of person giving information <i>Ercy Harver</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dentition</i>	How long <i>(71)</i>
Immediate <i>Convulsions</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. R. Fritz, A. C.</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>no</i>	

at St. Bernard's Cemetery  
Stoner

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John. Heagy* Town *Westminster* County *Carroll*  
Died at *Westminster* Maryland  
Date of death *1906 Feb 8* Age *85* Months *—* Days *—*  
Sex *Male* Color or Race *White* Birth-place *Maryland*  
Occupation *Farmer* Where Residing if not at place of death *—*  
Married, Single or Widowed *Married* Name of Wife or Husband *Eveline Crapsler*  
Father's Name *Don't Know* Father's Birthplace *—*  
Mother's Maiden Name *Don't Know* Mother's Birthplace *—*  
Name of person giving information *William E Heagy* How related to deceased *Son*

## CAUSES OF DEATH

Primary *Pneumonia* (93) How long *3 days*  
Immediate *Hard fall* How long *"*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

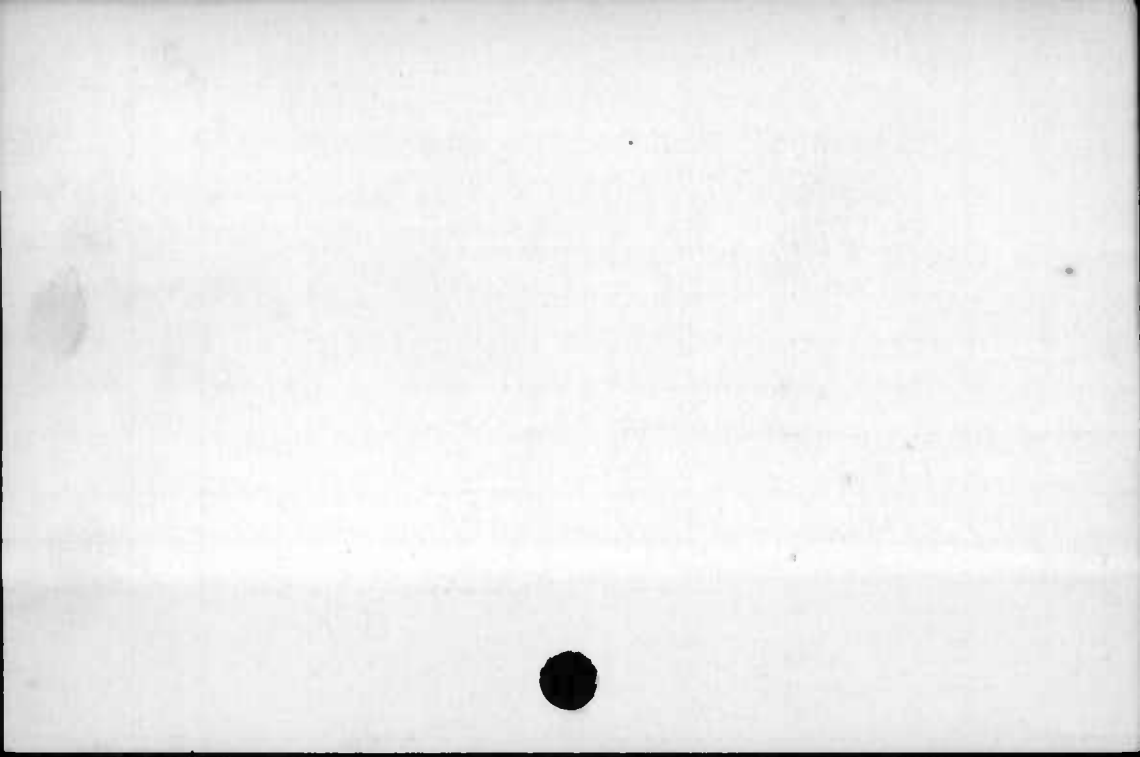
Signature of Physician

Address

*Geo. T. King*  
*Westminster*

Accident or Suicide?

*MA*



Name  
in  
Full

CERTIFICATE OF DEATH

Annie W Henry

Town

County

MARYLAND

Died at

Westminster

Carroll

Date

Month

Day

Years

Months

Days

of death

1906

Feb

13

Age

62

10

21

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Nicholas J Henry

Father's  
Name

Leont Knorr

Father's  
Birthplace

Mother's  
Maiden Name

" "

Mother's  
Birthplace

Name of person giving  
In formation

N. J. Henry

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Paralysis

How long

4 months

Immediate

Paralysis

How long

8 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. S. Grastie  
Westminster

Accident or Suicide?

md

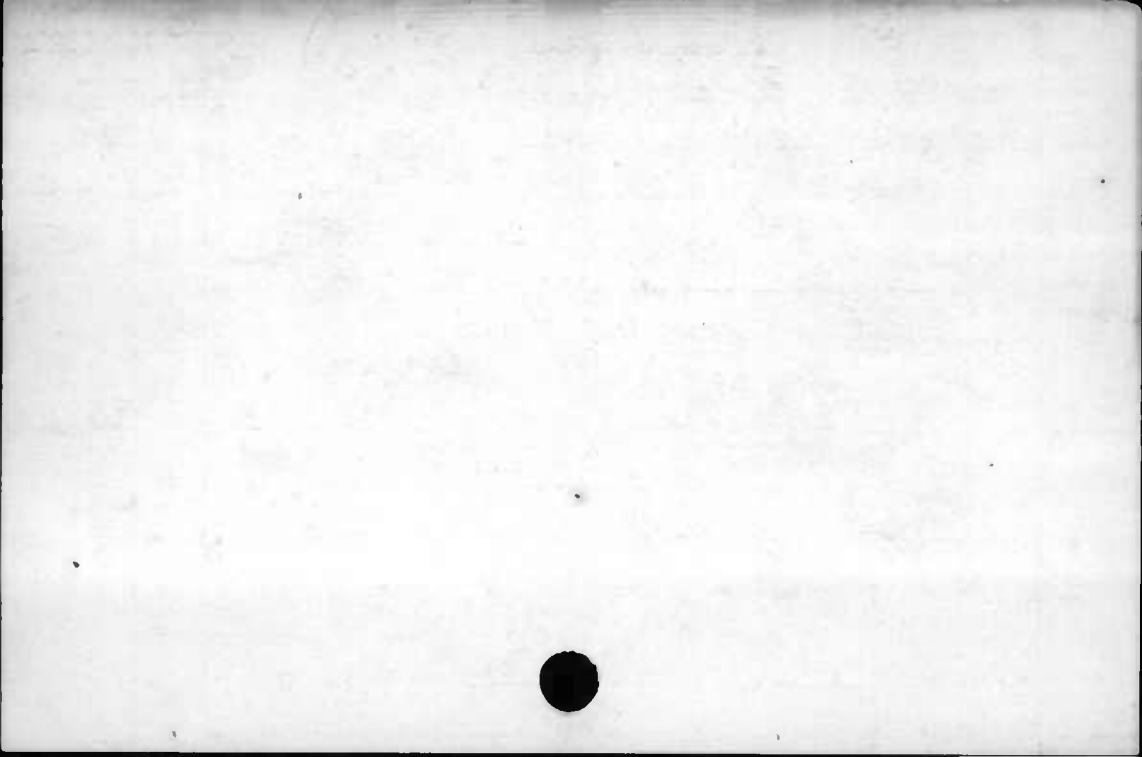
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Shaver

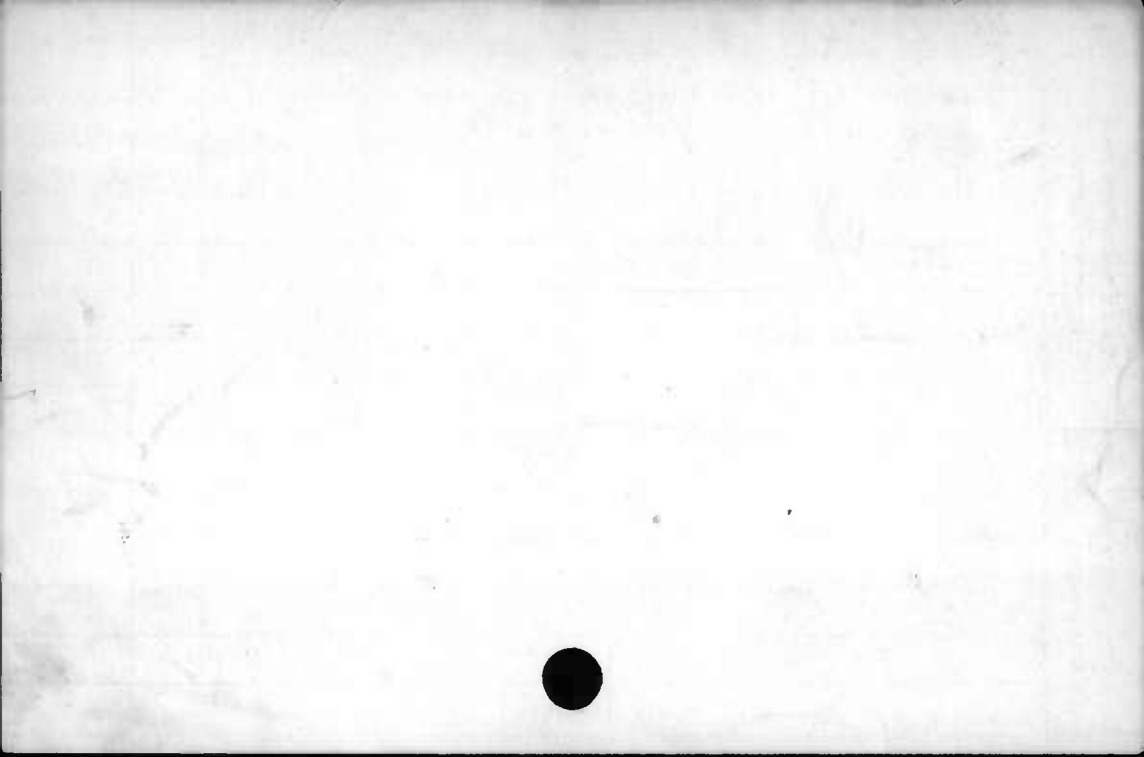
Kinders

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Town</i> <i>Joseph Andrew Hobbs</i>		County <i>Carroll</i>		MARYLAND
	Date of death <i>1906</i>		Month <i>Feb</i>	Day <i>14</i>	Age <i>78</i>
	Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Ind</i>	Months <i>11</i>
	Occupation <i>Farmer</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Mary E Heely</i>			
	Father's Name <i>John Hobbs</i>	Father's Birthplace <i>Ind</i>			
	Mother's Maiden Name <i>Eleanor Hevilbush</i>	Mother's Birthplace			
Name of person giving information <i>Rebecca Hobbs</i>	How related to deceased <i>Sister</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		(154)
	Immediate <i>Senile debility</i>		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>LeBarrie Mo</i>		
			Address <i>Taneytown</i>		
	Accident or Suicide?				





Name In Full		Rate et Hood				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Carroll County		County Carroll		MARYLAND			
	Date of death		1906	Month July	Day 9	Age	Years 48	Months ..	Days 7	
	Sex		Female		Color or Race		White		Birth-place Howard County	
	Occupation				Where Residing if not at place of death		at Place of Death			
	Married, Single or Widowed				Name of Wife or Husband					
	Father's Name		John L. Poole				Father's Birthplace		Howard County	
PHYSICIAN OR CORONER	Mother's Maiden Name		Almira Glass				Mother's Birthplace		Baltimore City	
	Name of person giving Information		Emory Poole				How related to deceased		Brother	
	CAUSES OF DEATH									
	Primary		Pulmonary Tuberculosis				How long		ten years	
Immediate		Pneumonia				How long		three weeks		
Are the name, age, sex, color, date and place correctly given above?						Signature of Physician		A. T. Crank		
						Address		Mt Airy Md		
Accident or Suicide?										



Name  
In  
Full

Eli Hull

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Near Westmear - <sup>County</sup> Carroll

MARYLAND

Date of death 1906 Feb 27 Age 82 Years 8 Months 18 Days

Sex Male Color or Race white Birth-place Carroll Co. Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband

Father's Name Wm. H. Kuon

Father's Birthplace

Mother's Maiden Name Elizabeth A. Bell

Mother's Birthplace

Name of person giving information Jesse Hull

How related to deceased Nephew

## CAUSES OF DEATH

Primary Lobular Pneumonia (92)

How long 16 days

Immediate General Debility

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. H. Sherman M.D.

Address Manchester Md

Accident or Suicide?

at St Benjamins cemetery  
Hotten

Name in Full <i>Rosea Hull</i>		CERTIFICATE OF DEATH			
Died at <i>near Westminster</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>16</i>	Age <i>82</i>	Months <i>1</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Canal Co. Md</i>		
Occupation <i>housewife</i>			Where Residing if not at place of death <i>2</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Eli Hull</i>			
Father's Name <i>Josiah Mathias</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Elizabeth Zell</i>			Mother's Birthplace <i>Prussia</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH	
Primary <i>Lobular Pneumonia</i>	How long <i>(92) 2 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J H Sherman</i>
	Address <i>Manchester</i>
Accident or Suicide? <i>No</i>	<i>Md</i>

St Benjamins cemetery  
Houn

Name  
in  
Full

## CERTIFICATE OF DEATH

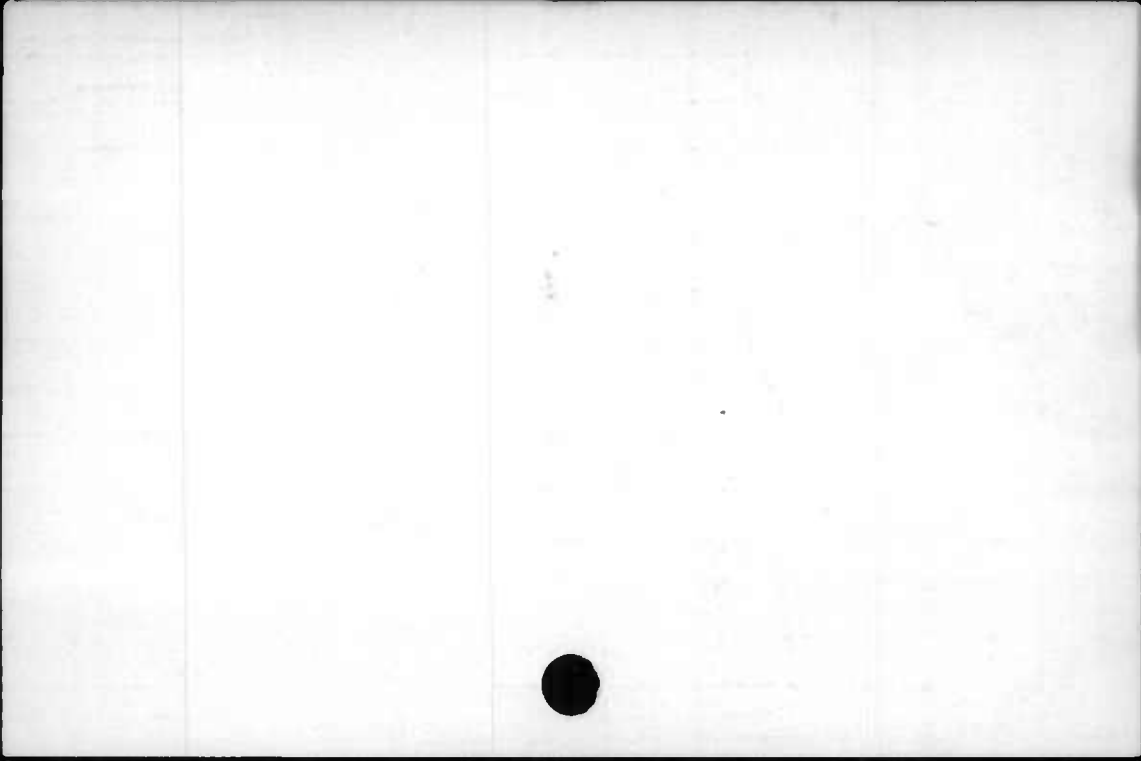
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>J. W. F. Kruger</i>		Town <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Died at		Month <i>Feb</i>		Day <i>7</i>		Years <i>71</i>	
Date of death <i>1906</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>machinist</i>				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Otto Kruger</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Muller</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Hospital records</i>				How related to deceased			

## CAUSES OF DEATH

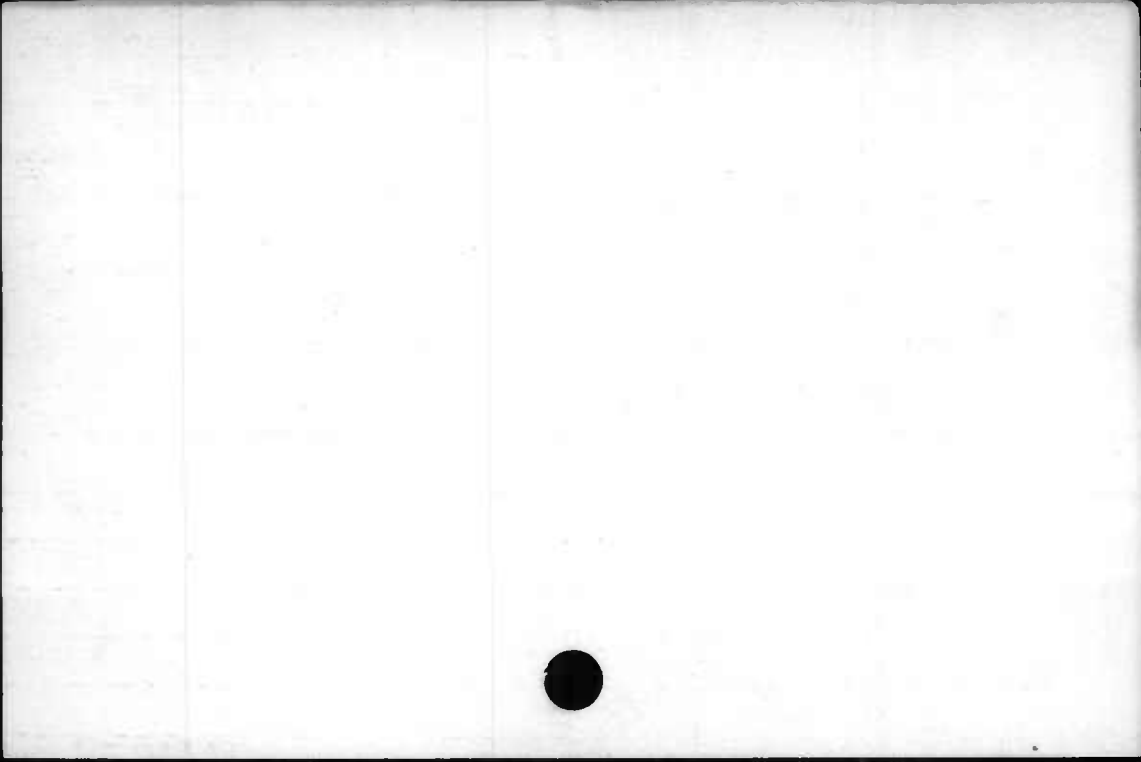
PHYSICIAN  
OR CORONER

Primary	<i>Epileptic dementia</i>	How long	<i>142</i>
Immediate	<i>Exhaustion from severe gangrene</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>To best of my knowledge</i>		<i>Chas. J. Carey</i>	
Accident or Suicide?		Address <i>Syracuse Md.</i>	





Name in Full		Charles Lewis				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Town</u> <i>Sykesville</i>		County <i>Carroll</i>		MARYLAND		
		Date of death	1906	Month <i>Feb</i>	Day <i>18</i>	Age <i>30</i>	Months	Days
		Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Howard Co Md</i>			
		Occupation <i>Laborer</i>	Where Residing If not at place of death <i>_____</i>					
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband _____					
PHYSICIAN OR CORONER		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
		Name of person giving information				How related to deceased		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Pneumonia (acute Lobar)</i> <b>(93)</b>				How long <i>6 days</i>		
		Immediate <i>Failure of Respiration</i>				How long _____		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Daniel B. Frecker</i>		
						Address <i>Sykesville Md.</i>		
		Accident or Suicide? _____						



Name  
in  
Full

Charles Francis Magee

## CERTIFICATE OF DEATH

Died at *Reese* <sup>Town</sup> *Carroll* <sup>County</sup> **MARYLAND**

Date of death *1906 Feb 4* <sup>Month</sup> <sup>Day</sup> Age *13* <sup>Years</sup> Months *10* Days *22*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death *\_\_\_\_\_*

Married, Single or Widowed *Single* Name of Wife or Husband *\_\_\_\_\_*

Father's Name *Francis Magee* Father's Birthplace *Maryland*

Mother's Maiden Name *Blanch Brown* Mother's Birthplace *Id*

Name of person giving information *Blanch Magee* How related to deceased *Mother*

## CAUSES OF DEATH

(78)

Primary *Suppurative Endocarditis* How long *8 weeks*

Immediate *Paralysis & Suffocation* How long *4 weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

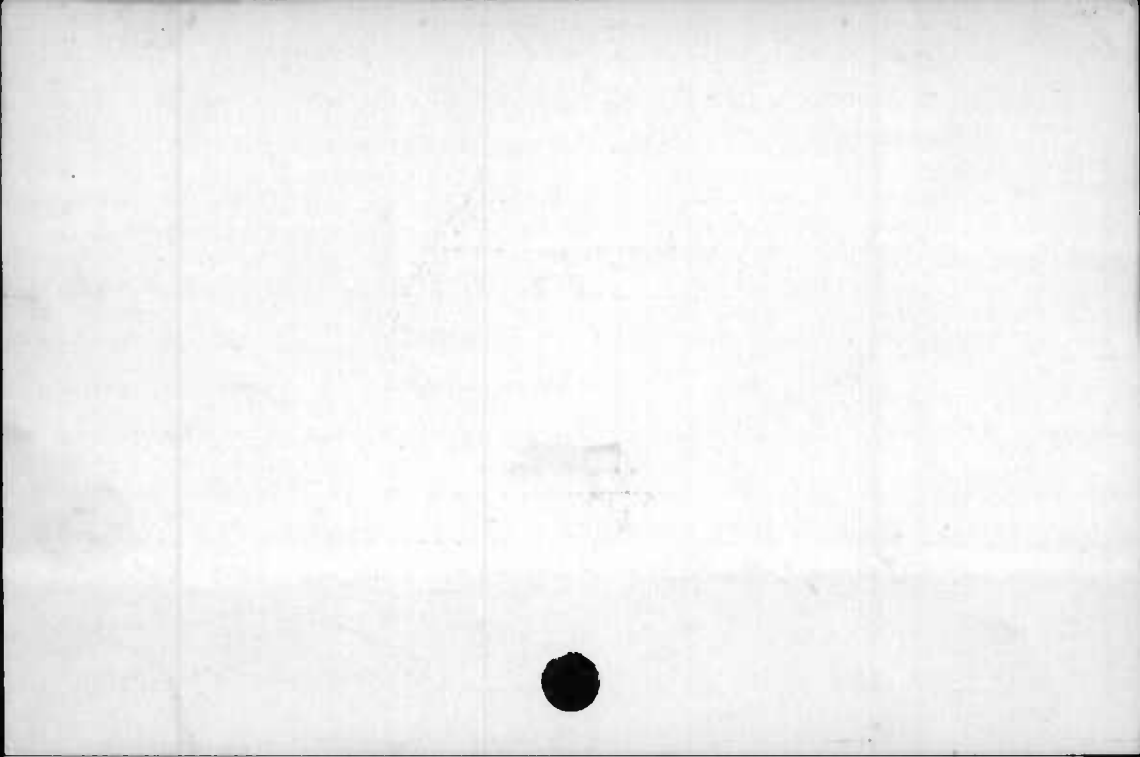
Address

*Dr. O. Wells*

*Westminster*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Sarah S. Maynard

## CERTIFICATE OF DEATH

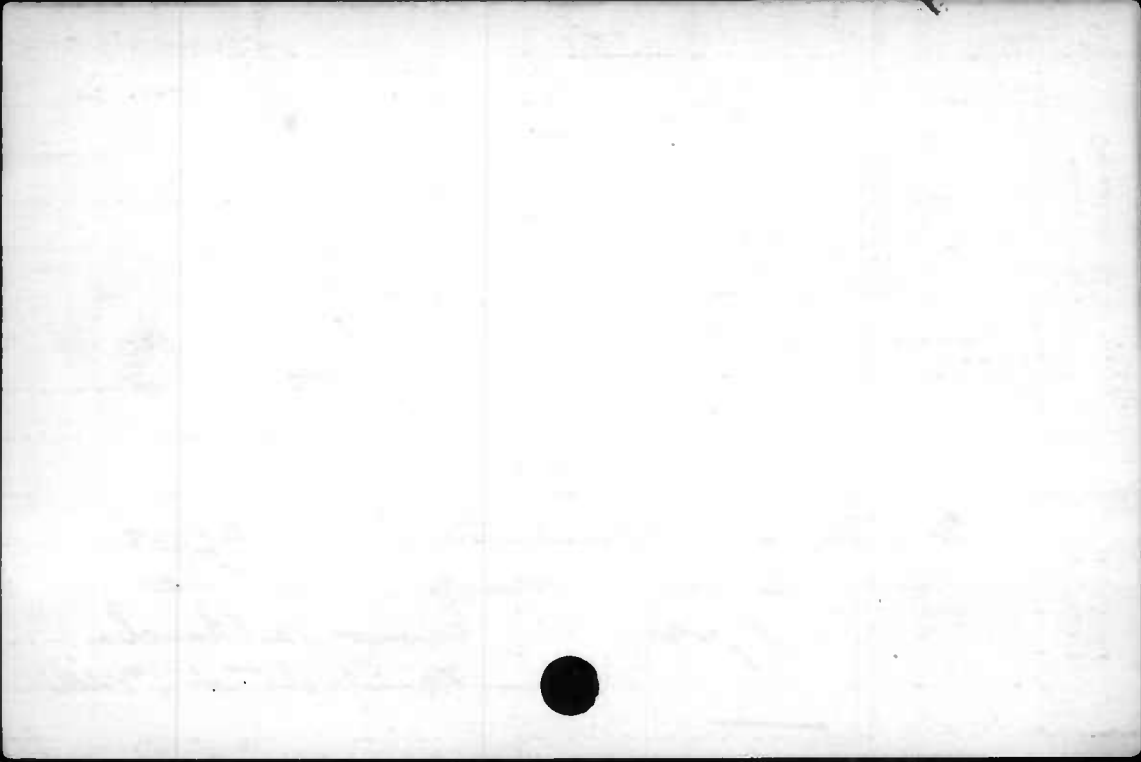
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Windsor</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	<i>Feb</i> <sup>Month</sup>	<i>13</i> <sup>Day</sup>	Age <i>79</i> <sup>Years</sup>	<i>7</i> <sup>Months</sup> <i>3</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>W-</i>		Birth-place <i>Md</i>		
Occupation _____			Where Residing if not at place of death <i>New Windsor</i>		
<del>Married, Single</del> <del>Widowed</del>		Name of Wife or Husband <i>Dennis H. Maynard</i>			
Father's Name <i>Jeese Bennett</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Sarah Rimmer</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Charles Jones</i>			How related to deceased <i>son in law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>(66)</i>	How long
Immediate <i>Paralysis</i>		How long <i>25 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Idra E. Whitehite</i>	Address <i>New Windsor Md</i>
Accident or Suicide?		



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Hampstead Canoll Canoll MARYLAND  
 Date of death 1906 21 14 Age 23 5 18  
 Sex Male Color or Race White Birth-place —  
 Occupation Hammer Where Residing if not at place of death near Hampstead  
 Married, Single or Widowed Married Name of Wife or Husband —  
 Father's Name — Father's Birthplace —  
 Mother's Maiden Name — Mother's Birthplace —  
 Name of person giving information — How related to deceased —

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Mental Degeneration (14) How long 2 yrs  
 Immediate Cerebral Hemorrhage How long 5 da  
 Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician Edgar M. Bush M.D.  
 Address Hampstead Md.  
 Accident or Suicide? —





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

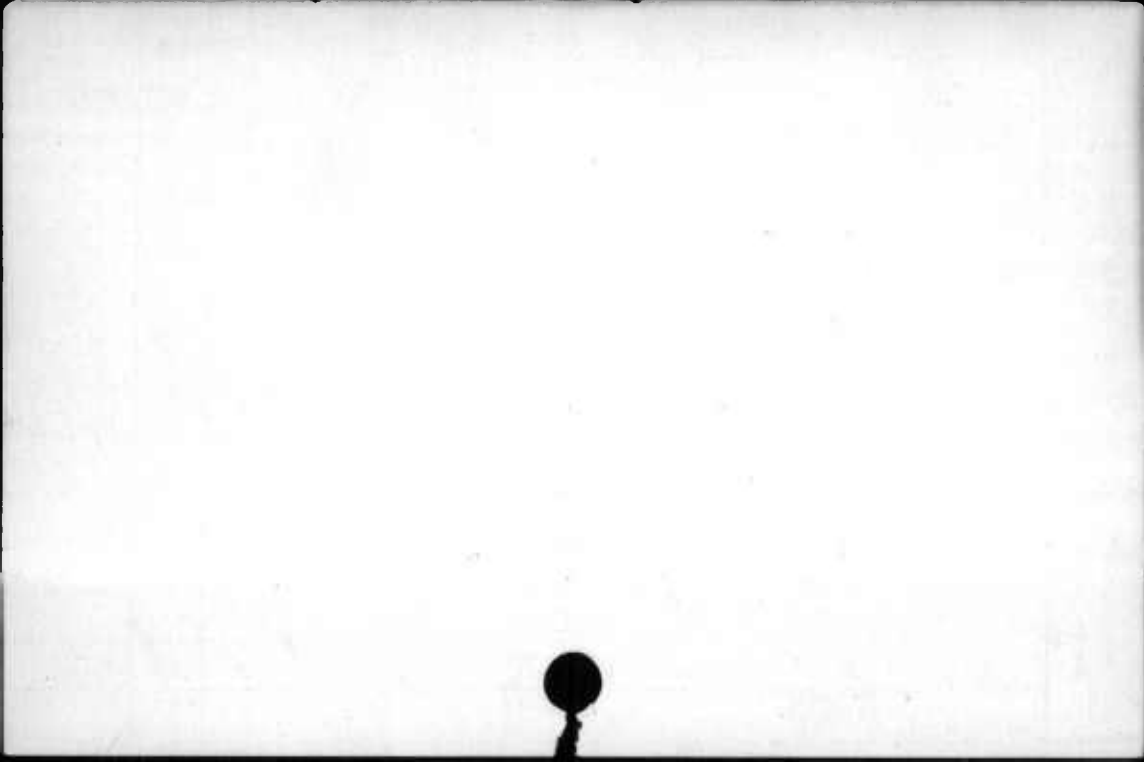
MARYLAND

Died at		Town		County	
Harney		Carroll			
Date of death	1906	Month	Feb.	Day	7
Age		Years		Months	Days
44		1		20	
Sex	Male		Color or Race	White	
Occupation	Farmer (Retired)		Where Residing if not at place of death	Birth-place	
Married, Single or Widowed		Name of Wife or Husband		Adams Co., Pa	
Widower		Elizabeth Arundoff			
Father's Name	Jacob Arundoff		Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	George Kimpfer		How related to deceased		

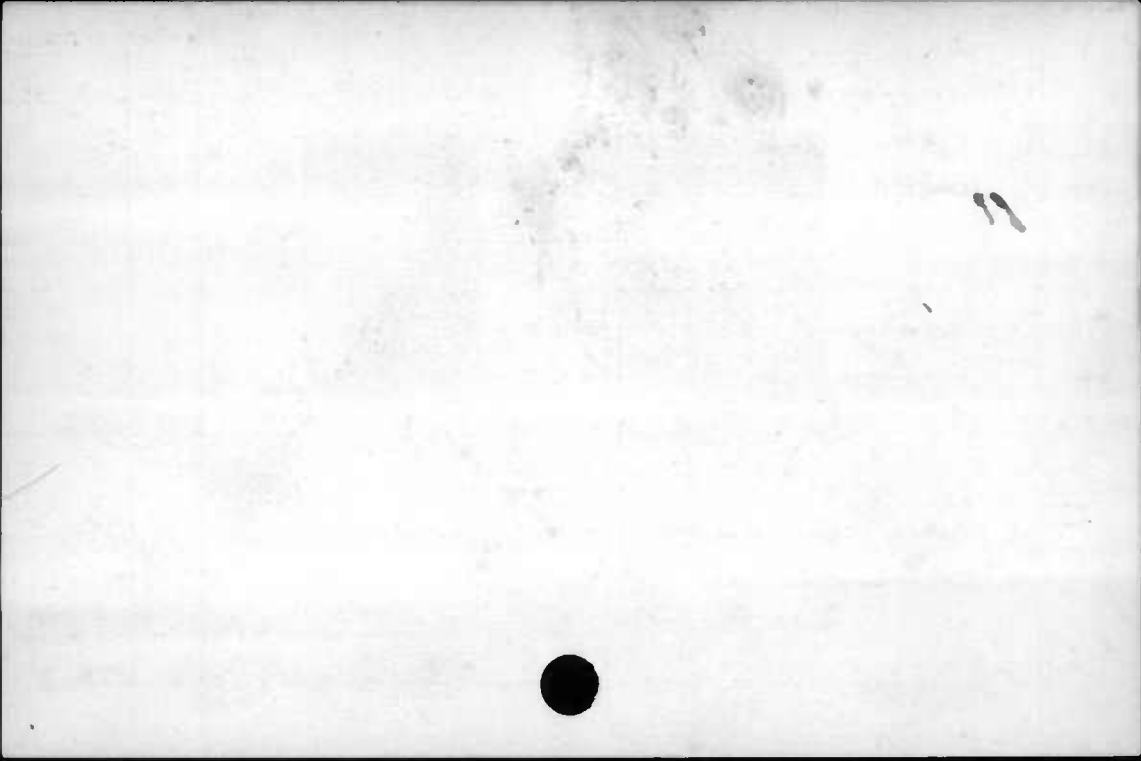
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Valvular lesions of heart.	How long	Years
Immediate	Incompetency of heart.	How long	9 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. S. Pearre
		Address	Harney Hb.
Accident or Suicide?		21-25-06	



Name in Full		Lewis Orth				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County <i>Carroll</i>		MARYLAND
	Date of death <i>1906</i>		Month <i>Febr.</i>	Day <i>10</i>	Age <i>73</i>	Years <i>73</i>	Months Days <i>73</i>
	Sex <i>male</i>		Color or Race <i>White</i>		Birth-place 		
	Occupation <i>Paper-hanger</i>		Where Residing if not at place of death 				
	Married, <del>Single</del> <i>Widowed</i>		Name of Wife or Husband 				
	Father's Name 					Father's Birthplace 	
	Mother's Maiden Name 					Mother's Birthplace 	
	Name of person giving information <i>Hospital records</i>					How related to deceased 	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>Senile dementia</i>		How long 		How long 		
	Immediate <i>Pulmonary Congestion</i>		How long 		How long 		
	Are the name, age, sex, color, date and place correctly given above? <i>Robert</i>		Signature of Physician <i>Chas. J. Cary</i>		Address <i>Hydenville Md.</i>		
	<i>of my knowledge</i>		Address 		Address 		
	Accident or Suicide? 		Address 		Address 		



Name in Full <b>Nelvin Ray</b>		Town <b>near Keysoville</b>		County <b>Carroll</b>		CERTIFICATE OF DEATH	
						MARYLAND	
Died		Date of death	Month	Day	Age	Years	Months
		1906	2	26			5
							21
Sex		Color or Race		Birth-place			
male		white		Carroll Co. Md.			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Paul Riechart				Father's Birthplace	
Mother's Maiden Name		Emma J. Ohler				Mother's Birthplace	
						Carroll Co. Md.	
Name of person giving information		Emma J. Riechart				How related to deceased	
						mother	
CAUSES OF DEATH							
Primary		Influenza. Broncho-pneumonia.				How long	
						2 months	
Immediate		Convulsions & failure of respiration.				How long	
						24 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		L. H. Davis, M.D.	
				Address		Paweytown, Md.	
Accident or Suicide?							



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Robertson

Town

County

Died at *Marston*

*Carroll*

MARYLAND

Date of death 1906 Feb

Day 28

Age Years

Months

Days

7

Sex Female

Color or Race

W.

Birthplace

Ind

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

John Robertson

Father's Birthplace

Ind

Mother's Maiden Name

Mary McClellan

Mother's Birthplace

Ind

Name of person giving information

John Brown

How related to deceased

Not related

CAUSES OF DEATH

Primary

How long

Immediate Double Pneumonia

How long

3 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

H. J. Brooks

Address

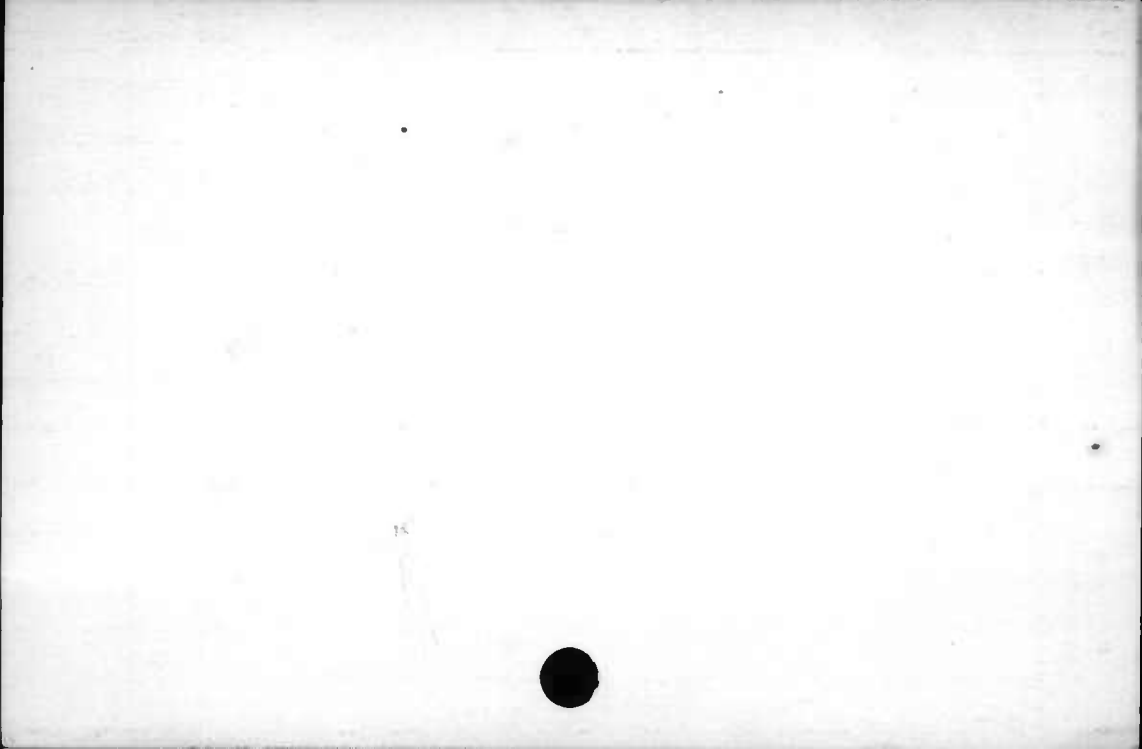
Marston

Accident or Suicide?

Yes



Ind





Name  
in  
Full

Samuel Thaler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Greenmount</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>20</i>	Age <i>36</i>	Months <i>1</i>	Days <i>20</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birthplace <i>Greenmount</i>		
Occupation <i>Painter</i>			Where Residing if not at place of death <i>Greenmount</i>		
Married, Single or Widowed <i>Married</i>		Name or Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Three years</i>
Immediate <i>General Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Redwine</i>
	Address <i>Greenmount</i>
Accident or Suicide?	<i>no</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

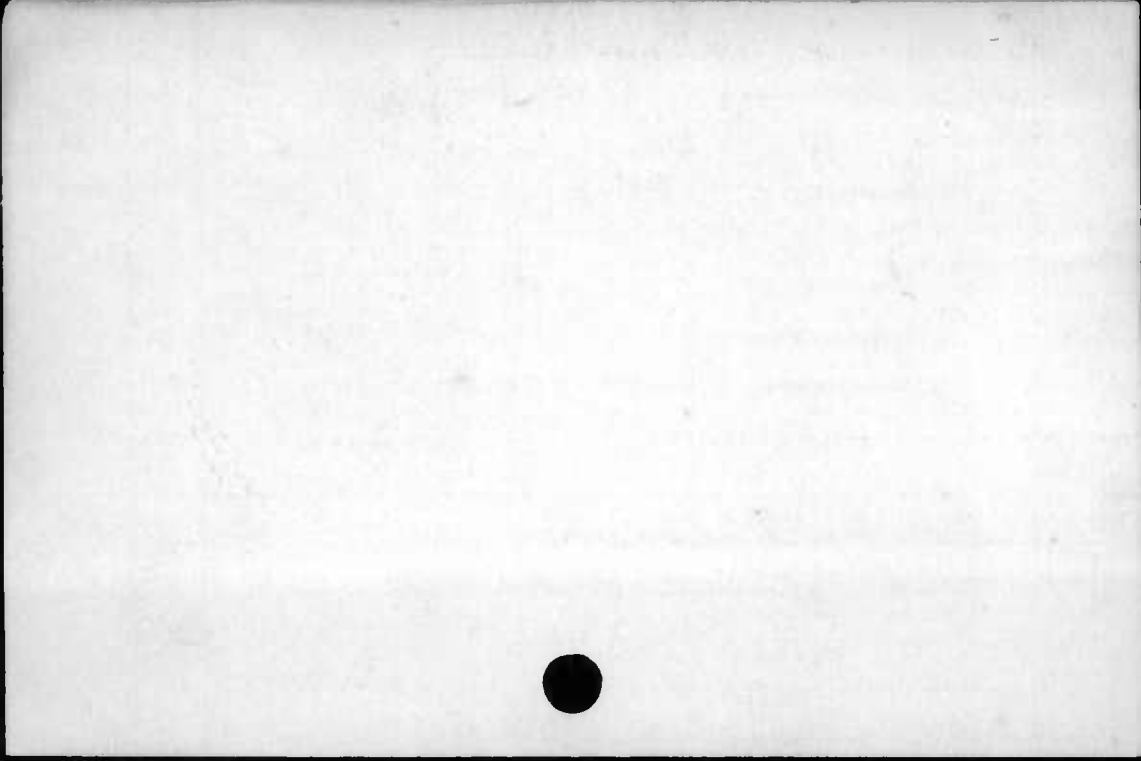
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roller</i> Town		<i>Barroff</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>2</i>	Day <i>2</i>	Age <i>74</i> Years	Months <i>1</i>	Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Hoffmanville</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Lincoln R. F. D. #43</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Ludannah Shearer (deceased)</i>				
Father's Name <i>Jacob Shearer</i>	Father's Birthplace <i>Hoffmanville</i>				
Mother's Maiden Name <i>Sarah Fair</i>	Mother's Birthplace <i>Mesias Md</i>				
Name of person giving information <i>Henry H. Shearer</i>	How related to deceased <i>Son</i>				

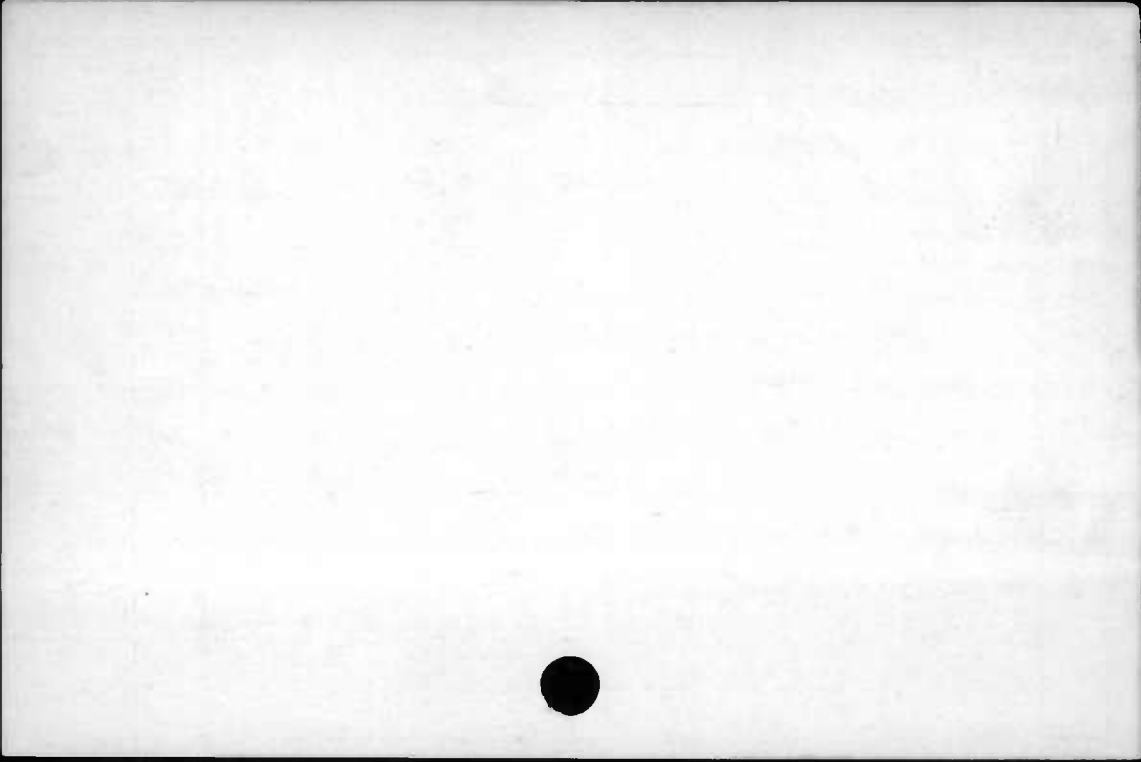
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i> (93)	How long <i>4 days</i>
Immediate <i>Inflamitory Rheumatism</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. R. Albright</i>
	Address <i>Blenn Rock Pa</i>
	<i>R. F. D. #1</i>
Accident or Suicide? <i>no</i>	



Name in Full		Jacob. R. Spielman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Springfield Hospital		County Carrall.		MARYLAND
	Date of death		Month February	Day 9th	Years 65	Months	Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Under taker		Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Jacob. Spielman			Father's Birthplace	
Mother's Maiden Name		Mary ?			Mother's Birthplace		Ind.
Name of person giving information		Hospital Records.			How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Organic Heart disease		(19)	How long ?	
	Immediate		Cardiac Dilatation			How long 4 days.	
	Are the name, age, sex, color, date and place correctly given above?		To best		Signature of Physician		
	of my knowledge.				Address		
Accident or Suicide?				Sylkesville			Ind.



Name  
in.  
Full

Eve Stonisign

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDec  
Died at

Town

Taneytown

County

Carroll

MARYLAND

Date

of death 1906

Month

Feb

Day

20

Age

Years

86

Months

5

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

Levi Stonisign

Father's  
Name

Abraham Hann

Father's  
Birthplace

Md

Mother's  
Maiden Name

Unknown

Mother's  
BirthplaceName of person giving  
In formation

Mrs Hann

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Old age

How long

Immediate

Old age

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

L. Brinnie

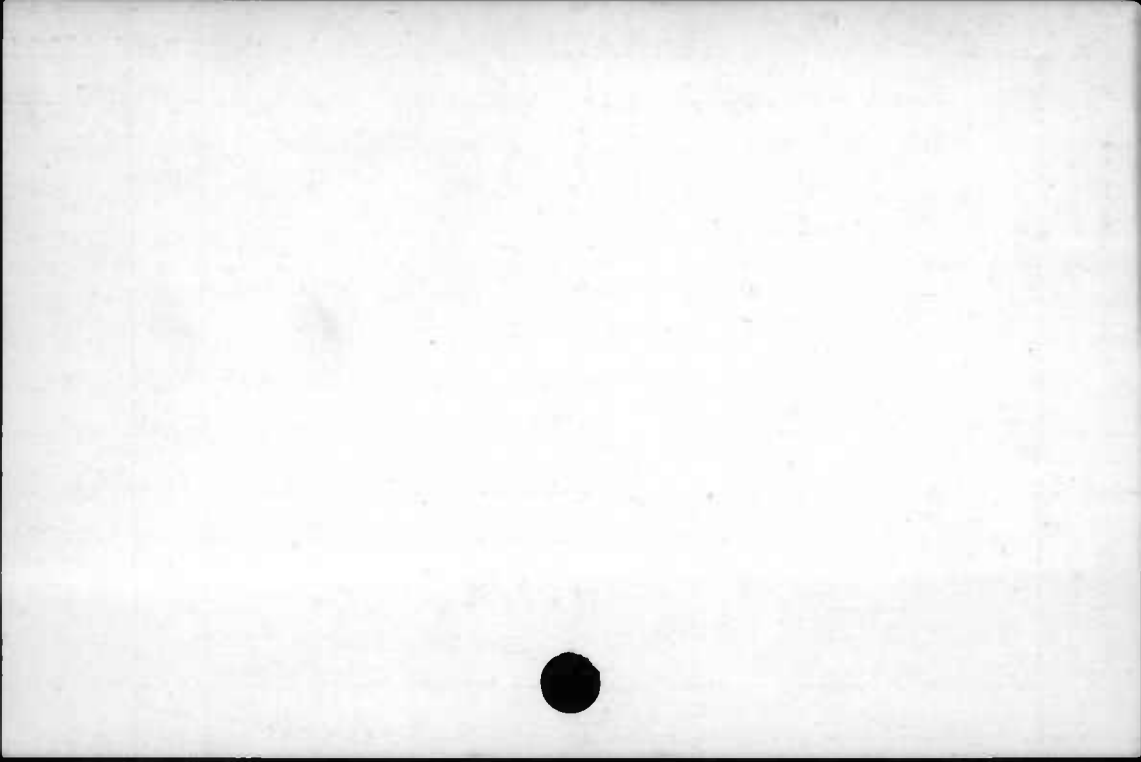
Address

Taneytown

Accident or Suicide?

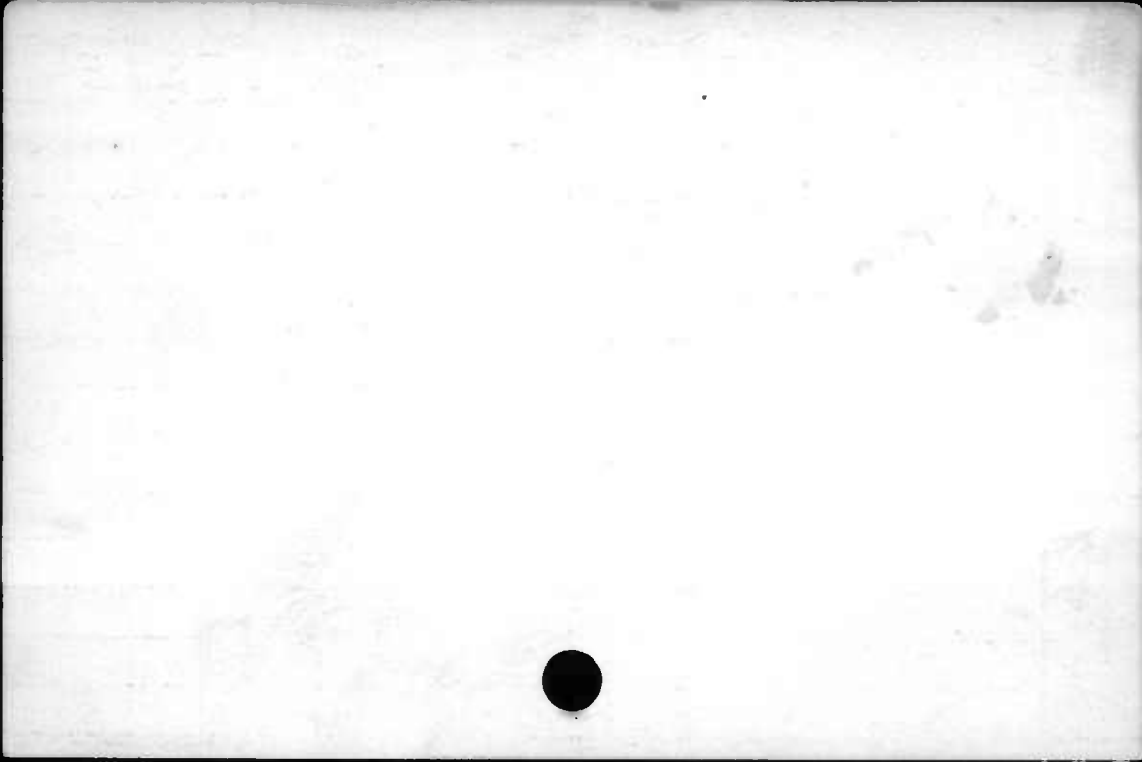
Md


PHYSICIAN  
OR CORONER

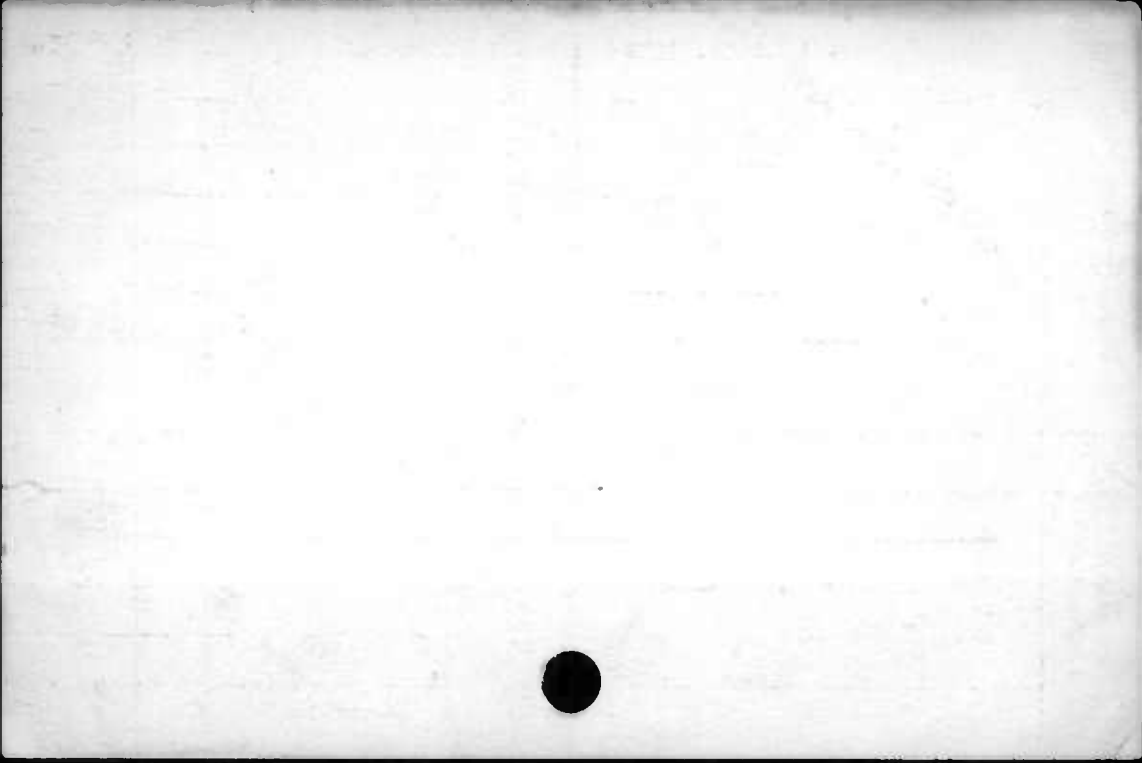




Name in Full		Kate E. Taylor				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Union Mills					
Date of death		1906	Month Feb	Day 5	Age 22	Months 6	Days 7
Sex		Female		Color or Race White		Birth-place Maryland	
Occupation		House Wife		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Seldon E Taylor					
Father's Name		Issac Strussman				Father's Birthplace Maryland	
Mother's Maiden Name		Lydia Lippert				Mother's Birthplace	
Name of person giving information		Edward H. Graft				How related to deceased None	
CAUSES OF DEATH							
Primary		In tuberculosis				How long	
Immediate		In tuberculosis				How long Three Years	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John J. Stewart	
				Address		Union Mills	
						Md	
Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Lineboro</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		<b>MARYLAND</b>
	Date of death <u>1906</u> <small>Month</small> <u>Feb.</u> <small>Day</small> <u>1st</u> <small>Years</small> <u>73</u> <small>Months</small> <u>3</u> <small>Days</small> <u>29</u>				
	Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Melrose Md.</u>		
	Occupation <u>Farmer</u>	Where Residing if not at place of death			
	<del>Married, Single or Widowed</del>	Name of Wife or Husband <u>Margaret E. Tracy.</u>			
	Father's Name <u>Ephriam Tracy</u>	Father's Birthplace			
	Mother's Maiden Name <u>Margaret Kerlinger</u>	Mother's Birthplace			
Name of person giving information <u>Willis Tracy</u>	How related to deceased <u>Son.</u>				
<b>CAUSES OF DEATH</b>					
PHYSICIAN OR CORONER	Primary <u>Heart disease.</u> 	How long <u>Chronic</u>			
	Immediate <u>Cardiac failure</u>	How long			
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>T. H. Overtz M.D.</u>			
		Address <u>Lineboro Md.</u>			
	Accident or Suicide?				



Name  
in  
Full

Annie Troyer ✓

## CERTIFICATE OF DEATH

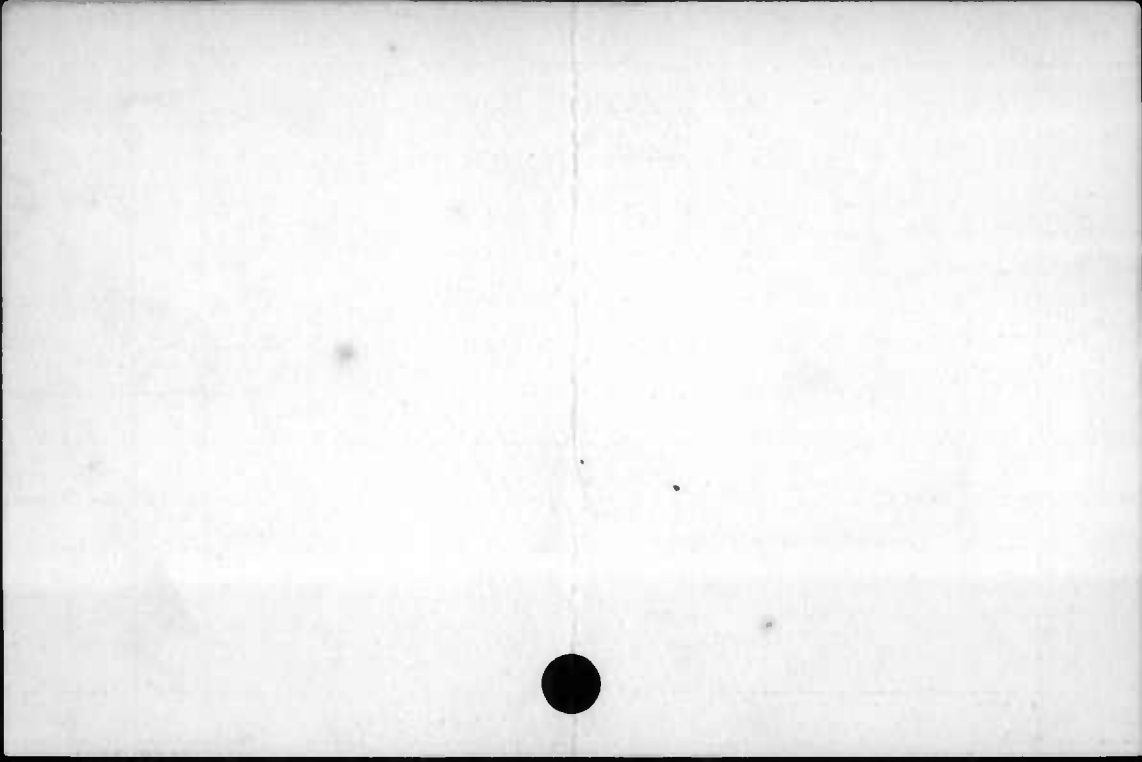
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Potomac</i>		County <i>Carroll</i>		MARYLAND							
Date of death 190 <i>6</i>		Month <i>2</i>		Day <i>7</i>		Age <i>44</i>		Years <i>44</i>		Months <i>11</i>		Days <i>14</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Ind</i>									
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>											
Name of Wife or Husband <i>Jacob Troyer</i>													
Father's Name <i>John S. Taylor</i>		Father's Birthplace <i>Carroll Co.</i>											
Mother's Maiden Name <i>Francis Fritzner</i>		Mother's Birthplace <i>Carroll Co.</i>											
Name of person giving information <i>Jacob E. Troyer</i>		How related to deceased <i>Husband</i>											

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long <i>(40)</i>	
Immediate <i>Cancer stomach</i>		How long <i>six months</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Jas. H. Wilson</i>	
		Address <i>Fowblesburg Ind.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

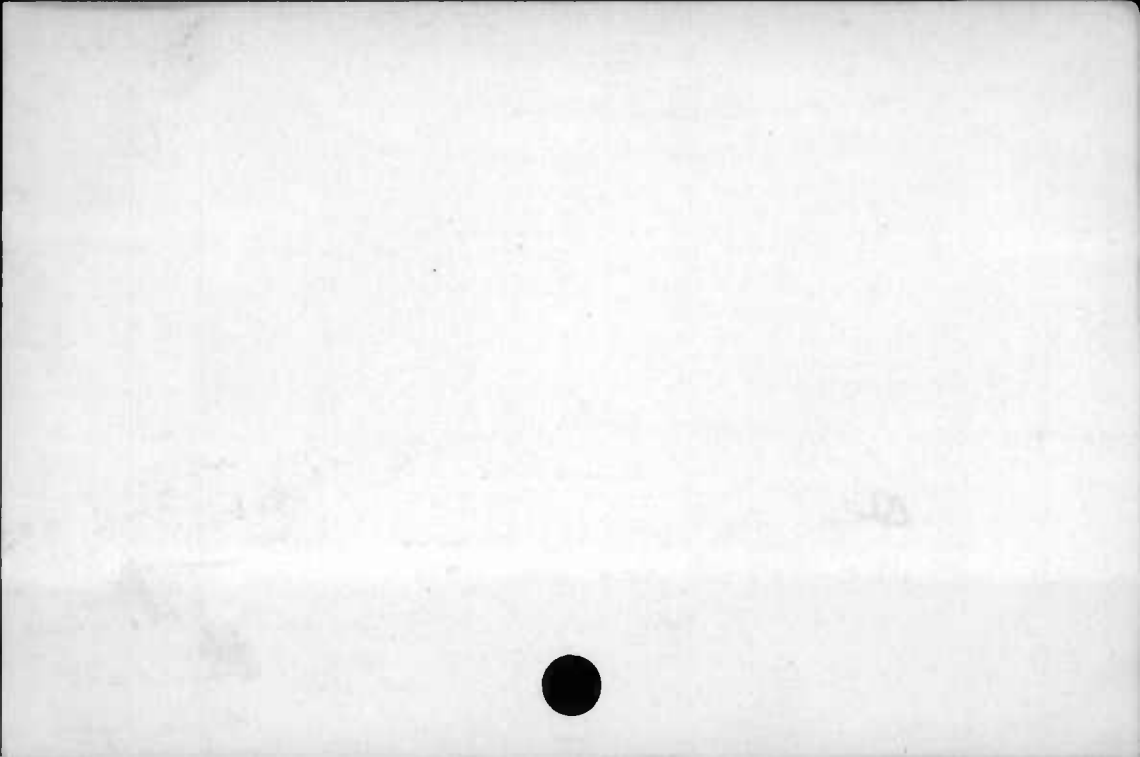
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Fredrick A Wagner</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND					
Died at		Month <i>Feb</i>		Day <i>11</i>		Years <i>58</i>		Months —		Days —	
Date of death		<i>1906</i>		Age		<i>58</i>		Birth-place <i>Maryland</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Occupation <i>Laborer</i>		Where Residing if not at place of death —					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emma Myers</i>		Father's Name <i>Elija Wagner</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Rebecca Worble</i>		Mother's Birthplace <i>Ind</i>		Name of person giving information <i>Rebecca. Wagner</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

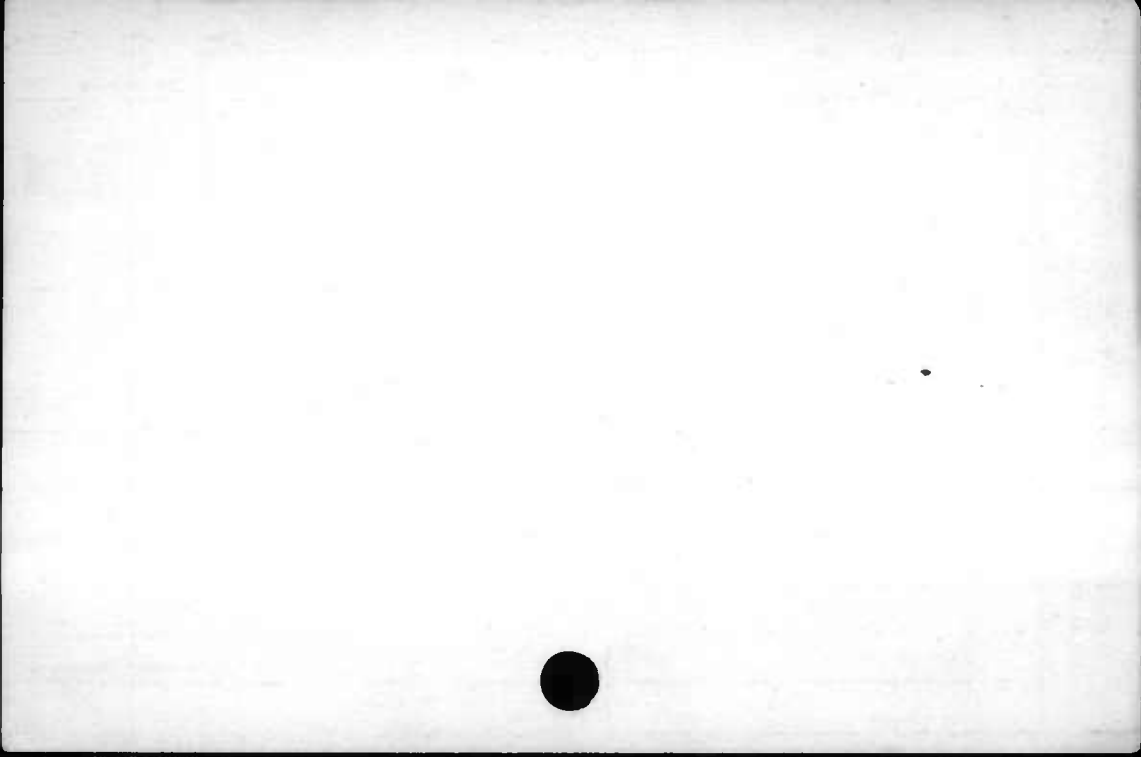
PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>about 1 yr.</i>	
Immediate <i>Exhaustion</i>		How long <i>24 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. R. Jones M.D.</i>	
Accident or Suicide? —		Address <i>Westminster Md.</i>	





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died <i>Linnwood</i>		County <i>Carroll</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>15</i>	Age <i>83</i>	Months <i>1</i> Days <i>20</i>
	Sex <i>Female</i>	Color or Race <i>W.</i>		Birth-place <i>Md</i>	
	Occupation _____		Where Residing if not at place of death <i>Linnwood</i>		
	Married, Single or Widowed _____		Name of Wife or Husband <i>Lewis Walty</i>		
	Father's Name _____		Father's Birthplace _____		
	Mother's Maiden Name _____		Mother's Birthplace _____		
	Name of person giving information <i>James Walty</i>		How related to deceased <i>son</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Old age</i>		How long _____		
	Immediate <i>Heart Disease</i>		How long _____		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. Dora E. Whitehill</i>		
			Address <i>New Windsor</i>		
	Accident or Suicide? _____		<i>- Maryland</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Spysellsbury* <sup>Town</sup>*Carroll* <sup>County</sup>Date  
of death *1906*Month  
*Feb*Day  
*8*Age  
Years

Months

Days

Sex *Female*Color or  
Race *White*Birth-  
place *Ind*Occupation  
*House Wife*Where Residing if not  
at place of deathMarried, Single  
or Widowed *Married*Name of Wife or  
Husband *Samuel Washburn*Father's  
Name *Joseph Munklock*Father's  
Birthplace *Ind*Mother's  
Maiden Name *Mary*Mother's  
Birthplace *"*Name of person giving  
In formation *Samuel Washburn*How related  
to deceased *Husband*

## CAUSES OF DEATH

(120)

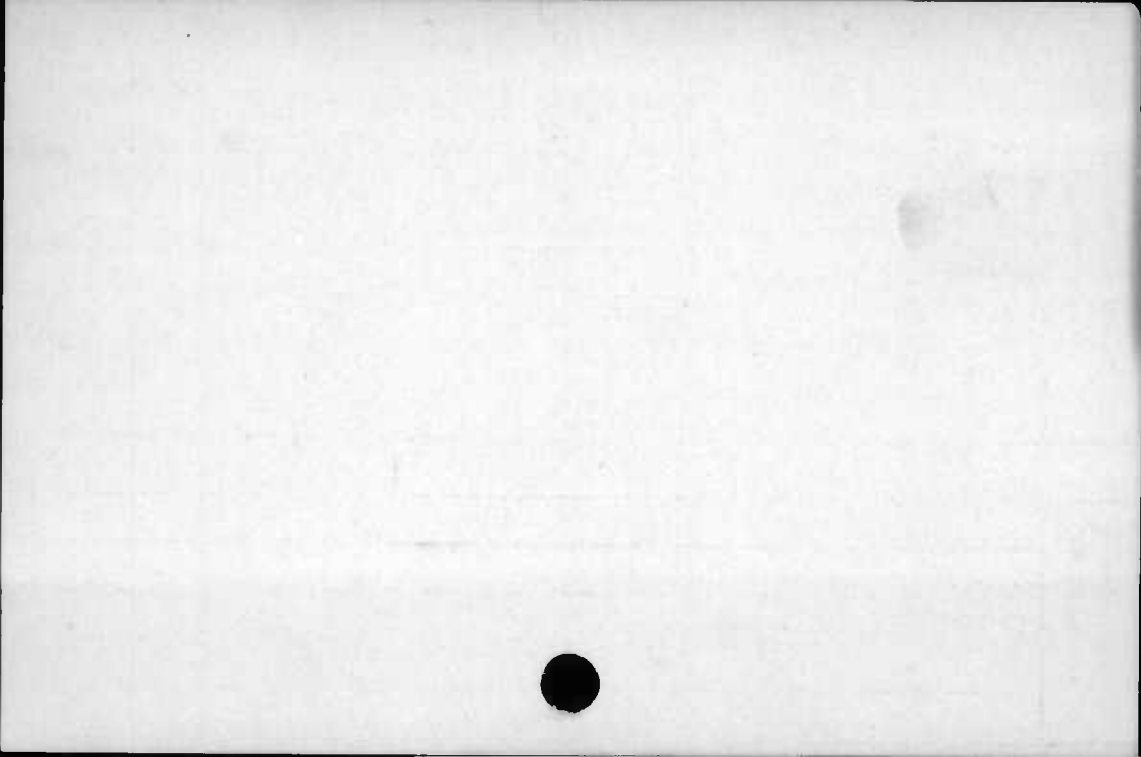
PHYSICIAN  
OR CORONERPrimary *Chronic Nephritis & Dilation of heart*How long  
*Several years*Immediate *Uremia*How long  
*One week*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *Dr. Woodward, M.D.*Address *Westminster*Accident or Suicide? *No**Ind.*

Bona. Nov. 15.

$$\begin{array}{r} 1906 \\ 72 \\ \hline 1834 \\ 72 \\ \hline 1906 \end{array}$$

TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>David Calvin Garner</i>				CERTIFICATE OF DEATH			
	Died at <i>Detour</i> <sup>Town</sup>				<i>Perrowe</i> <sup>County</sup>			
	Date of death <i>1906 Feb. 20</i>				Age <i>63</i>			
	Sex <i>Male</i>				Color or Race <i>White</i>			
	Occupation <i>Retired</i>				Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Widower</i>				Name of Wife or Husband <i>—</i>			
	Father's Name <i>John Garner</i>				Father's Birthplace <i>Pa.</i>			
Mother's Maiden Name <i>Elizabeth Riehl</i>				Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Emory L. Warner</i>				How related to deceased <i>Son</i>				

PHYSICIAN OR CORONER	CAUSES OF DEATH	
	Primary <i>Chronic Bright's disease</i>	How long <i>1 Year</i>
	Immediate <i>Pneumonia</i>	How long <i>20 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Diller</i>
	Address <i>Detour, Maryland</i>	
Accident or Suicide? <i>—</i>		



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Bertie Wentz  
Pleasant Valley

Town

Age

35

County

Leanne

Months

11

Days

23

Date

190

Month

Feb

Day

24

Sex

Female

Color or  
Race

White

Birth-  
place

Derna

Occupation

House Wife

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Theodore Wentz

Father's  
Name

William Harner

Father's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

Cancer of Stomach

How long

Five Years

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

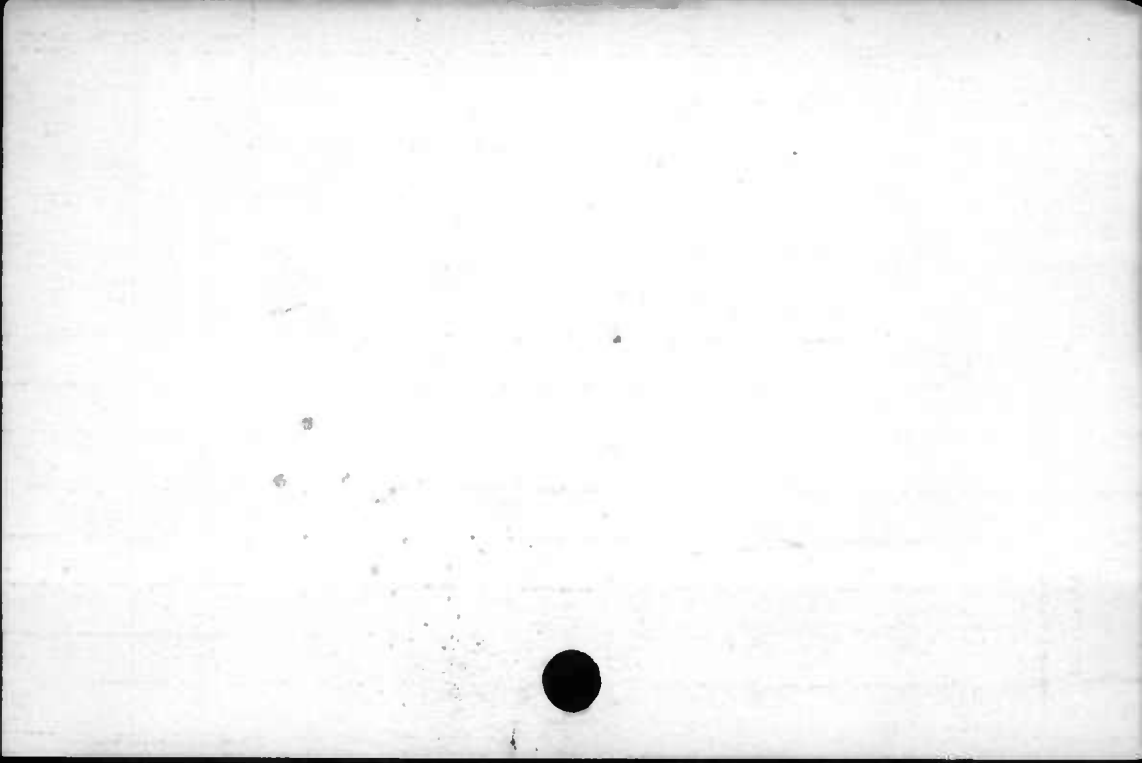
John J. Stewart

Union Mills

Md

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name in Full

Certificate of Death

No. 136

Donald R. Miller

Town

County

Died at

MARYLAND

Date

1906

Month

2

Day

26

Y.

M.

D.

Native of

Occupation

Age 4-15

Med

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Mont Oive

Name  
in  
Full

*Charles Theodore Young*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Oakland.</i>		County <i>Carroll.</i>			
Date of death 190 <i>6</i>	Month <i>July.</i>	Day <i>10.</i>	Age <i>—</i>	Months <i>12</i>	Days <i>10.</i>
Sex <i>Male.</i>	Color or Race <i>White.</i>	Birth-place <i>Maryland.</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>J. M. Young.</i>			Father's Birthplace <i>Maryland.</i>		
Mother's Maiden Name <i>Mary J. Murray.</i>			Mother's Birthplace <i>Maryland.</i>		
Name of person giving information <i>Mary J. Murray.</i>			How related to deceased <i>Mother.</i>		

(93)

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Secondary Pneumonia.</i>	How long <i>Four Weeks.</i>
Immediate <i>Exhaustion + Suffocation.</i>	How long <i>Two hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Wm. H. Ward, M.D.</i>
	Address <i>Harrisonville.</i>
Accident or Suicide? <i>—</i>	<i>Wm.</i>

